| CMS Manual System | Department of Health & Human Services (DHHS) |
|---|---|
| Pub 100-20 One-Time Notification | Centers for Medicare & Medicaid Services (CMS) |
| **Transmittal 11535** | **Date: August 5, 2022** |
| | **Change Request 12784** |

**SUBJECT:  Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) Front-End Updates for January 2023**

**I. SUMMARY OF CHANGES:**  The purpose of this Change Request (CR) is to provide the January 2023 Combined Common Edits/Enhancements Module (CCEM) edits for the Part A and Part B Medicare Administrative Contractors (A/B MACs) and the Common Electronic Data Interchange (CEDI) contractor. Additionally, this CR directs Shared Systems to appropriately update the CCEM.

**EFFECTIVE DATE:  January 1, 2023**
*\*Unless otherwise specified, the effective date is the date of service.*
**IMPLEMENTATION DATE:  January 3, 2023**

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

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

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

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

**IV. ATTACHMENTS:**

**One Time Notification**

# Attachment - One-Time Notification

| Pub. 100-20 | Transmittal: 11535 | Date: August 5, 2022 | Change Request: 12784 |
|---|---|---|---|

**SUBJECT:  Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) Front-End Updates for January 2023**

**EFFECTIVE DATE:  January 1, 2023**
*Unless otherwise specified, the effective date is the date of service.*
**IMPLEMENTATION DATE:  January 3, 2023**

## I.    GENERAL INFORMATION

**A.    Background:**  As part of its efforts to comply with the administrative simplification provisions of HIPAA and its implementing regulations, the Centers for Medicare & Medicaid Services (CMS) instructs its shared systems maintainers and local Medicare contractors to maintain common front-end HIPAA validation edits through a quarterly release Change Request (CR).  These edits pertain to the current standards adopted under HIPAA.

The CMS determines the edits, which are to be administered at the front-end and documents these edits in a spreadsheet attached to the quarterly CR.  The spreadsheets document all of the edits to date, as well as those edits, which are changed, deleted, or added.  The spreadsheets change log directs the contractors as to those changes they must make for the quarter.  The change log worksheet tab contains only the changes made for this version.

Contractors and shared systems maintainers shall use the attached edits spreadsheets as replacements for the previously issued edits spreadsheets.  Contractors are not required to replicate work already done, but are only expected to use the updates to the spreadsheets to build upon their previous core deliverables.

**B.    Policy:**  The administrative simplification provisions of HIPAA requires the Secretary of Health & Human Services (The Secretary) to adopt standard electronic transactions and code sets for administrative health care transactions.  The Secretary may also modify these standards periodically.

## II.   BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

| Number | Requirement | Responsibility | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME MAC | Shared-System Maintainers | | | | Other |
| | | A | B | HHH | | FISS | MCS | VMS | CWF | |
| 12784.1 | Contractors shall be responsible for creating test data to generate the Medicare defined TA1 at the interchange level and 999 transaction at the functional group and transaction levels, based on the attached edits spreadsheets. | X | X | | | | | | | CEDI |
| 12784.2 | Contractors shall use the attached edits spreadsheet to implement the appropriate TA1 at the interchange | X | X | | | | | | | CEDI |

| Number | Requirement | Responsibility | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME MAC | Shared-System Maintainers | | | | Other |
| | | A | B | HHH | | FISS | MCS | VMS | CWF | |
| | level. | | | | | | | | | |
| 12784.3 | Contractors shall generate the "Accepted" 999 at both the functional group and transaction levels back to the submitter when the front-end translator is able to create a syntactically compliant flat file, based on the attached edits spreadsheets. | X | X | | | | | | | CEDI |
| 12784.4 | Contractors shall generate the "Fully Rejected" 999 at the functional group and transaction levels based on the attached edits spreadsheets. | X | X | | | | | | | CEDI |
| 12784.5 | Contractors shall generate the "Accepted with Errors" 999 at the functional group and transaction levels based on the attached edits spreadsheets. | X | X | | | | | | | CEDI |
| 12784.6 | Contractors shall use the attached edits spreadsheets for the implementation of their edits software. | X | X | | | | | | | CEDI |

## III. PROVIDER EDUCATION TABLE

| Number | Requirement | Responsibility | | | | |
|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME MAC | CEDI |
| | | A | B | HHH | | |
| | None | | | | | |

## IV. SUPPORTING INFORMATION

Section A:  Recommendations and supporting information associated with listed requirements: N/A

*"Should" denotes a recommendation.*

| X-Ref Requirement Number | Recommendations or other supporting information: |
|---|---|
| | |

Section B:  All other recommendations and supporting information: N/A

## V. CONTACTS

**Pre-Implementation Contact(s):** Charlene Parks, Charlene.Parks@cms.hhs.gov , Barbara Pecoraro, Barbara.Pecoraro@cms.hhs.gov

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

## VI. FUNDING

**Section A: 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.

**ATTACHMENTS: 2**

Version ECS202301V01. 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.gov/MFFS5010D0/20_TechnicalDocumentation.asp#TopOfPage

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| 276/277 Edit Reference | Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | TA1/ 999/ 277 | 2 1 7 C 6 E R | Disposition / Error Code | Proposed 276 5010 Edits | Outbound Mapping Instructions (Flat file and/or 277) Found Condition | Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition | Triggering Event | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X212.C3. .ISA.010 | ISA | INTERCHANGE CONTROL HEADER | | 1 | R | | 1 | TA1 | R | TA105: 024 "Invalid Interchange Content". | ISA must be present. | ISA must be present. | | | |
| X212.C3. .ISA.020 | ISA | | | | | | | TA1 | R | TA105: 022 Invalid Control Structure -OR- TA105: 023 Improper (Premature) End-of-File (Transmission) -OR- TA105: 024 "Invalid Interchange Content". | Only one iteration of ISA is allowed. | Only one iteration of ISA is allowed. | | | |
| X212.C3. .ISA01.010 | ISA01 | Authorization Information Qualifier | ID | 2-2 | R | | | TA1 | R | TA105: 010 "Invalid Authorization Information Qualifier Value". | ISA01 must be present. | ISA01 must be present. | | | |
| X212.C3. .ISA01.020 | ISA01 | | | | | | | TA1 | R | TA105: 010 "Invalid Authorization Information Qualifier Value". | ISA01 must be "00" or "03". | ISA01 must be "00" or "03". | | | |
| X212.C3. .ISA02.010 | ISA02 | Authorization Information | AN | 10-10 | R | | | TA1 | R | TA105: 011 "Invalid Authorization Information Value". | ISA02 must be present. | ISA02 must be present. | | | |
| X212.C3. .ISA02.020 | ISA02 | | | | | | | TA1 | R | TA105: 011 "Invalid Authorization Information Value". | ISA02 must be 10 characters. | ISA02 must be 10 characters. | | | |
| X212.C3. .ISA02.030 | ISA02 | | | | | | | TA1 | R | TA105: 011 "Invalid Authorization Information Value". | ISA02 must be populated with accepted AN characters. | ISA02 must be populated with accepted AN characters. | | | |
| X212.C3. .ISA03.010 | ISA03 | Security Information Qualifier | ID | 2-2 | R | | | TA1 | R | TA105: 012 "Security Information Qualifier Value". | ISA03 must be present. | ISA03 must be present. | | | |
| X212.C3. .ISA03.020 | ISA03 | | | | | | | TA1 | R | TA105: 012 "Security Information Qualifier Value". | ISA03 must be "00" or "01". | ISA03 must be "00" or "01". | | | |
| X212.C3. .ISA04.010 | ISA04 | Security Information | AN | 10-10 | R | | | TA1 | R | TA105: 013 "Security Information Value". | ISA04 must be present. | ISA04 must be present. | | | |
| X212.C3. .ISA04.020 | ISA04 | | | | | | | TA1 | R | TA105: 013 "Security Information Value". | ISA04 must be 10 characters. | ISA04 must be 10 characters. | | | |
| X212.C3. .ISA04.030 | ISA04 | | | | | | | TA1 | R | TA105: 013 "Security Information Value". | ISA04 must be populated with accepted AN characters. | ISA04 must be populated with accepted AN characters. | | | |
| X212.C3. .ISA05.010 | ISA05 | Interchange ID Qualifier | ID | 2-2 | R | | | TA1 | R | TA105: 005 "Invalid Interchange ID Qualifier for Sender". | ISA05 must be present. | ISA05 must be present. | | | |
| X212.C3. .ISA05.020 | ISA05 | | | | | | | TA1 | R | TA105: 005 "Invalid Interchange ID Qualifier for Sender". | ISA05 must be valid values. | ISA05 must be "27, 28 or ZZ". | | | 04/09: 276 Companion Guide note needed. |
| X212.C3. .ISA06.010 | ISA06 | Interchange Sender ID | AN | 15-15 | R | | | TA1 | R | TA105: 006 "Invalid Interchange Sender ID". | ISA06 must be present. | ISA06 must be present. | | | |
| X212.C3. .ISA06.020 | ISA06 | | | | | | | TA1 | R | TA105: 006 "Invalid Interchange Sender ID". | ISA06 must be a valid sender id. | ISA06 must be a valid sender id. | | | 04/09: Valid reference file required for this edit. |
| X212.C3. .ISA07.010 | ISA07 | Interchange ID Qualifier | ID | 2-2 | R | | | TA1 | R | TA105: 007 "Invalid Interchange ID Qualifier for Receiver". | ISA07 must be present. | ISA07 must be present. | | | |
| X212.C3. .ISA07.020 | ISA07 | | | | | | | TA1 | R | TA105: 007 "Invalid Interchange ID Qualifier for Receiver". | ISA07 must be valid values. | ISA07 must be "27, 28 or ZZ". | | | 04/09: 276 Companion Guide note needed. |
| X212.C3. .ISA08.010 | ISA08 | Interchange Receiver ID | AN | 15-15 | R | | | TA1 | R | TA105: 008 "Invalid Interchange Receiver ID". | ISA08 must be present. | ISA08 must be present. | | | |
| X212.C3. .ISA08.020 | ISA08 | | | | | | | TA1 | R | TA105: 008 "Invalid Interchange Receiver ID". | ISA08 must be a valid receiver id. | ISA08 must be a valid receiver id. | | | 04/09: Valid reference file required for this edit. |
| X212.C3. .ISA09.010 | ISA09 | Interchange Date | DT | 6-6 | R | | | TA1 | R | TA105: 014 "Invalid Interchange Date Value". | ISA09 must be present. | ISA09 must be present. | | | |
| X212.C3. .ISA09.020 | ISA09 | | | | | | | TA1 | R | TA105: 014 "Invalid Interchange Date Value". | ISA09 must be a valid date in YYMMDD format. | ISA09 must be a valid date in YYMMDD format. | | | |

| 276/277 Edit Reference | Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | TA1/ 999/ 277 | 2 T 7 C 6 E R | Disposition / Error Code | Proposed 276 5010 Edits | Outbound Mapping Instructions (Flat file and/or 277) Found Condition | Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition | Triggering Event | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X212.C3. .ISA09.030 | ISA09 | | | | | | | TA1 | R | TA105: 014 "Invalid Interchange Date Value". | ISA09 must be a the date of the interchange; must not be a future date. | ISA09 must be a the date of the interchange; must not be a future date. | | | |
| X212.C3. .ISA10.010 | ISA10 | Interchange Time | TM | 4-4 | R | | | TA1 | R | TA105: 015 "Invalid Interchange Time Value". | ISA10 must be present. | ISA10 must be present. | | | |
| X212.C3. .ISA10.020 | ISA10 | | | | | | | TA1 | R | TA105: 015 "Invalid Interchange Time Value". | ISA10 must be a valid time in HHMM format. | ISA10 must be a valid time in HHMM format. | | | |
| X212.C3. .ISA11.010 | ISA11 | Repetition Seperator | AN | 1-1 | R | | | TA1 | R | TA105: 024 "Invalid Interchange Content". | ISA11 must be present. | ISA11 must be present. | | | |
| X212.C3. .ISA11.020 | ISA11 | | | | | | | TA1 | R | TA105: 024 "Invalid Interchange Content". | ISA11 must be 1 character. | ISA11 must be 1 character. | | | |
| X212.C3. .ISA11.030 | ISA11 | | | | | | | TA1 | R | TA105: 024 "Invalid Interchange Content". | ISA11 must contain at least one non-space character. | ISA11 must contain at least one non-space character. | | | |
| X212.C3. .ISA12.010 | ISA12 | Interchange Control Version Number | ID | 5-5 | R | | | TA1 | R | TA105: 017 "Invalid Interchange Version ID Value". | ISA12 must be present. | ISA12 must be present. | | | |
| X212.C3. .ISA12.020 | ISA12 | | | | | | | TA1 | R | TA105: 017 "Invalid Interchange Version ID Value". | ISA12 must be "00501". | ISA12 must be "00501". | | | |
| X212.C3. .ISA13.010 | ISA13 | Interchange Control Number | N0 | 9-9 | R | | | TA1 | R | TA105: 018 "Invalid Interchange Conrol Number Value". | ISA13 must be present. | ISA13 must be present. | | | |
| X212.C3. .ISA13.020 | ISA13 | | | | | | | TA1 | R | TA105: 018 "Invalid Interchange Conrol Number Value". | ISA13 must be numeric. | ISA13 must be numeric. | | | |
| X212.C3. .ISA13.030 | ISA13 | | | | | | | TA1 | R | TA105: 018 "Invalid Interchange Conrol Number Value". | ISA13 must be 9 characters. | ISA13 must be 9 characters. | | | |
| X212.C3. .ISA13.040 | ISA13 | | | | | | | TA1 | R | TA105: 018 "Invalid Interchange Conrol Number Value". | ISA13 must be > 0. | ISA13 must be > 0. | | | |
| X212.C3. .ISA13.050 | ISA13 | | | | | | | TA1 | R | TA105: 018 "Invalid Interchange Conrol Number Value". | ISA13 must be unsigned. | ISA13 must be unsigned. | | | |
| X212.C3. .ISA14.010 | ISA14 | Acknowledgement Requested | ID | 1-1 | R | | | TA1 | R | TA105: 019 "Invalid Acknowledgment Requested Value". | ISA14 must be present. | ISA14 must be present. | | | |
| X212.C3. .ISA14.020 | ISA14 | | | | | | | TA1 | R | TA105: 019 "Invalid Acknowledgment Requested Value". | ISA14 must be valid values. | ISA14 must be valid values. | | | |
| X212.C3. .ISA15.010 | ISA15 | Usage Indicator | ID | 1-1 | R | | | TA1 | R | TA105: 020 "Invalid Test Indicator Value". | ISA15 must be present. | ISA15 must be present. | | | |
| X212.C3. .ISA15.020 | ISA15 | | | | | | | TA1 | R | TA105: 020 "Invalid Test Indicator Value". | ISA15 must be"P" or "T". | ISA15 must be"P" or "T". | | | |
| X212.C3. .ISA16.010 | ISA16 | Component Element Separator | AN | 1-1 | R | | | TA1 | R | TA105: 027 "Invalid Component Element Separator" | ISA16 must be present. | ISA16 must be present. | | | |
| X212.C3. .ISA16.020 | ISA16 | | | | | | | TA1 | R | TA105: 027 "Invalid Component Element Separator" | ISA16 must be 1 character. | ISA16 must be 1 character. | | | |
| X212.C3. .ISA16.030 | ISA16 | | | | | | | TA1 | R | TA105: 027 "Invalid Component Element Separator" | ISA16 must contain at least one non-space character. | ISA16 must contain at least one non-space character. | | | |
| X212.C3. .ISA16.040 | ISA16 | | | | | | | TA1 | R | TA105: 027 "Invalid Component Element Separator" | ISA16 must be populated with accepted AN characters. | ISA16 must be populated with accepted AN characters. | | | |
| X212.C7. .GS.010 | GS | **FUNCTIONAL GROUP HEADER** | | 1 | R | | >1 | 999 | R | **AK905: 1 "Functional Group Not Supported".** | **GS must be present within a single Functional group boundary (GS-GE) pairing.** | **GS must be present within a single Functional group boundary (GS-GE) pairing.** | | | |
| X212.C7. .GS.020 | GS | | | | | | | 999 | R | **AK905: 1 "Functional Group Not Supported".** | **Only one iteration of GS is allowed within a single Functional group boundary (GS-GE) pairing.** | **Only one iteration of GS is allowed within a single Functional group boundary (GS-GE) pairing.** | | | |
| X212.C7. .GS01.010 | GS01 | Functional Identifier Code | ID | 2-2 | R | | | 999 | R | AK905: 1 "Functional Group Not Supported". | GS01 must be present. | GS01 must be present. | | | |
| X212.C7. .GS01.020 | GS01 | | | | | | | 999 | R | AK905: 1 "Functional Group Not Supported". | GS01 must be "HR". | GS01 must be "HN". | | | |

| 276/277 Edit Reference | Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | TA1/ 999/ 277 | 2 1 7 C 6 E R | Disposition / Error Code | Proposed 276 5010 Edits | Outbound Mapping Instructions (Flat file and/or 277) Found Condition | Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition | Triggering Event | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X212.C7. .GS02.010 | GS02 | Application Sender Code | AN | 2-15 | R | | | 999 | R | AK905: 14 "Unknown Security Originator". | GS02 must be present. | GS02 must be present. | | | 04/09: 276 Companion Guide note needed. |
| X212.C7. .GS02.020 | GS02 | | | | | | | 999 | R | AK905: 14 "Unknown Security Originator". | GS02 must be a valid sender id. | GS02 must be a valid sender id. | | | 04/09: Valid reference file required for this edit. |
| X212.C7. .GS03.010 | GS03 | Application Receiver Code | AN | 2-15 | R | | | 999 | R | AK905: 13 "Unknown Security Recipient". | GS03 must be present. | GS03 must be present. | | | 04/09: 276 Companion Guide note needed. |
| X212.C7. .GS03.020 | GS03 | | | | | | | 999 | R | AK905: 13 "Unknown Security Recipient". | GS03 must be a valid receiver id. | GS03 must be a valid receiver id. | | | 04/09: Valid reference file required for this edit. |
| X212.C7. .GS04.010 | GS04 | Date | DT | 8-8 | R | | | TA1 | R | TA105: 024 Invalid GS Segment | GS04 must be the date the functional group is created; must not be a future date. | GS04 must be the date the functional group is created; must not be a future date. | | | 3/24: Codes for this error are not in the 005050 standard but will be added in the next version. |
| X212.C7. .GS04.020 | GS04 | | | | | | | TA1 | R | TA105: 024 Invalid GS Segment | GS04 must be a valid date in CCYYMMDD format. | GS04 must be the current (system) date in CCYYMMDD format. | | | |
| X212.C7. .GS04.030 | GS04 | | | | | | | TA1 | R | TA105: 024 Invalid GS Segment | GS04 must be a the date the functional group is created; must not be a future date. | | | | |
| X212.C7. .GS05.010 | GS05 | Time | TM | 4-8 | R | | | TA1 | R | TA105: 024 Invalid GS Segment | GS05 must be present. | GS05 must be present. | | | 3/24: Codes for this error are not in the 005050 standard but will be added in the next version. |
| X212.C7. .GS05.020 | GS05 | | | | | | | TA1 | R | TA105: 024 Invalid GS Segment | GS05 must be a valid time in a valid value format. | GS05 must be the current (system) time in a valid value format. | | | |
| X212.C7. .GS06.010 | GS06 | Group Control Number | N0 | 1-9 | R | | | 999 | R | AK905: 6 "Group Control Number Violates Syntax". | GS06 must be present. | GS06 must be present. | | | |
| X212.C7. .GS06.020 | GS06 | | | | | | | 999 | R | AK905: 6 "Group Control Number Violates Syntax". | GS06 must be numeric. | GS06 must be numeric. | | | |
| X212.C7. .GS06.030 | GS06 | | | | | | | 999 | R | AK905: 6 "Group Control Number Violates Syntax". | GS06 must be > 0 and < =999,999,999 | GS06 must be > 0 and < =999,999,999 | | | |
| X212.C7. .GS06.040 | GS06 | | | | | | | 999 | R | AK905: 19 "Functional Group Control Number not Unique within Interchange. | GS06 must be unique within the interchange. | GS06 must be unique within the interchange. | | | |
| X212.C7. .GS07.010 | GS07 | Responsible Agency Code | ID | 1-2 | R | | | TA1 | R | TA105: 024 Invalid GS Segment | GS07 must be present. | GS07 must be present. | | | 3/24: Codes for this error are not in the 005050 standard but will be added in the next version. |
| X212.C7. .GS07.020 | GS07 | | | | | | | TA1 | R | TA105: 024 Invalid GS Segment | GS07 must be "X". | GS07 must be "X". | | | |
| X212.C7. .GS08.010 | GS08 | Version Identifier Code | AN | 1-12 | R | | | 999 | R | AK905: 2 "Functional Group Version Not Supported" | GS08 must be present. | GS08 must be present. | | | |
| X212.C7. .GS08.020 | GS08 | | | | | | | 999 | R | AK905: 2 "Functional Group Version Not Supported" | GS08 must be "005010X212". | GS08 must be "005010X212". | | | 04/09: Type 2 errata doesn't change the version code, both errata are Type 2, so this value is |
| X212.36/106. .ST.010 | **ST** | **TRANSACTION SET HEADER** | | **1** | **R** | | **>1** | **999** | **R** | **IK502: 1 "Transaction Set Not Supported".** | **ST must be present.** | **ST must be present.** | | | |
| X212.36/106. .ST.020 | **ST** | | | | | | | **999** | **R** | **IK502: 1 "Transaction Set Not Supported".** | **Only one iteration of ST is allowed.** | **Only one iteration of ST is allowed.** | | | |
| X212.36/106. .ST01.010 | ST01 | Transaction Set Identifier Code | ID | 3-3 | R | | | 999 | R | IK502: 6 "Missing or Invalid Transaction Set Identifier". | ST01 must be present. | ST01 must be present. | | | |
| X212.36/106. .ST01.020 | ST01 | | | | | | | 999 | R | IK502: 6 "Missing or Invalid Transaction Set Identifier". | ST01 must be "276". | ST01 must be "277". | | | |
| X212.36/106. .ST02.010 | ST02 | Transaction Set Control Number | AN | 4-9 | R | | | 999 | R | IK502: 7 "Missing or Invalid Transaction Set Control Number". | ST02 must be present. | ST02 must be present. | | | |
| X212.36/106. .ST02.020 | ST02 | | | | | | | 999 | R | IK502: 7 "Missing or Invalid Transaction Set Control Number". | ST02 must be 4-9 characters. | ST02 must be the concatenated value of three zeroes and a sequential number, the sequential portion will start with 1 and increment by 1 . Example: "0001" followed by "0002".."0010". | | | |
| X212.36/106. .ST02.030 | ST02 | | | | | | | 999 | R | IK502: 7 "Missing or Invalid Transaction Set Control Number". | ST02 must contain at least four non-space characters. | | | | |
| X212.36/106. .ST02.040 | ST02 | | | | | | | 999 | R | IK502: 7 "Missing or Invalid Transaction Set Control Number". | ST02 must be populated with accepted AN characters. | | | | |

| 276/277 Edit Reference | Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | TA1/ 999/ 277 | 2 1 7 C 6 E R | Disposition / Error Code | Proposed 276 5010 Edits | Outbound Mapping Instructions (Flat file and/or 277) Found Condition | Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition | Triggering Event | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X212.36/106. .ST02.050 | ST02 | | | | | | | 999 | R | IK502: 23 "Transaction Set Control Number Not Unique within the Functional Group". | ST02 must be a unique number within the ISA-IEA envelope. | | | | |
| X212.36/106. .ST03.010 | ST03 | Implementation Convention Reference | AN | 1-35 | R | | | 999 | R | IK502: I6 "Implementation Convention Not Supported". | ST03 must be present. | ST03 must be present. | | | |
| X212.36/106. .ST03.020 | ST03 | | | | | | | 999 | R | IK502: I6 "Implementation Convention Not Supported". | ST03 must be "005010X212". | ST03 must be "005010X212". | | | 04/09: Type 2 errata doesn't change the version code, both errata are Type 2, so this value is |
| X212.37/107. .BHT.010 | **BHT** | **BEGINNING OF HIERARCHICAL TRANSACTION** | | **1** | **R** | | **1** | **999** | **R** | **IK304 = 3: "Required Segment Missing"** | **BHT must be present.** | **BHT must be present.** | | | |
| X212.37/107. .BHT.020 | **BHT** | | | | | | | **999** | **R** | **IK304 = 5: "Segment Exceeds Maximum Use"** | **Only one iteration of BHT is allowed.** | **Only one iteration of BHT is allowed.** | | | |
| X212.37/107. .BHT01.010 | BHT01 | Hierarchical Structure Code | ID | 4-4 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | BHT01 must be present. | BHT01 must be present. | | | |
| X212.37/107. .BHT01.020 | BHT01 | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | BHT01 must be "0010". | BHT01 must be "0010". | | | |
| X212.37/107. .BHT02.010 | BHT02 | Transaction Set Purpose Code | ID | 2-2 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | BHT02 must be present. | BHT02 must be present. | | | |
| X212.37/107. .BHT02.020 | BHT02 | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | BHT02 must be "13". | BHT02 must be "08". | | | |
| X212.37/107. .BHT03.010 | BHT03 | Reference Identification | AN | 1-50 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | BHT03 must be present. | BHT03 must be present. | | | |
| X212.37/107. .BHT03.020 | BHT03 | | | | | | | 999 | R | IK403 = 5: "Data Element Too Long" | BHT03 must be 1-50 characters. | BHT03 must be the cycle date in 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. |
| X212.37/107. .BHT03.030 | BHT03 | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | BHT03 must contain at least one non-space character. | | | | |
| X212.37/107. .BHT03.040 | BHT03 | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | BHT03 must be populated with accepted AN characters. | | | | |
| X212.37/107. .BHT04.010 | BHT04 | Transaction Set Creation Date | DT | 8-8 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | BHT04 must be present. | BHT04 must be present. | | | |
| X212.37/107. .BHT04.020 | BHT04 | | | | | | | 999 | R | IK403 = 8: "Invalid Date" | BHT04 must be a valid date in CCYYMMDD format. | BHT04 must be the current (system) date in CCYYMMDD format. | | | |
| X212.37/107. .BHT04.030 | BHT04 | | | | | | | 277 | C | CSC 510: "Future date" | BHT04 must not be a future date. | | | | |
| X212.37/107. .BHT05.010 | BHT05 | Transaction Set Creation Time | TM | 4-8 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | BHT05 must be present. | BHT05 must be present. | | | |
| X212.37/107. .BHT05.020 | BHT05 | | | | | | | 999 | R | IK403 = 9: "Invalid Time" | BHT05 must a valid time in a valid time format. | BHT05 must be the current (system) time in HHMMSS format. | | | 6/16: edit revised. |
| X212.37/107. .BHT06.010 | BHT06 | Transaction Type Code | ID | 2-2 | N/U | | | 999 | R | IK403 = I10: "Implementation 'Not Used' Element Present" | Must not be present. | BHT06 must be present. | | | |
| X212.37/107. .BHT06.020 | BHT06 | | | | | | | | | | | BHT06 must be "DG". | | | |
| X212.39/109.2000A.IS Loop.010 | IS Loop | Information Source Loop | | | | 2000A | >1 | | | | | | | | |
| X212.39/109.2000A.HL.010 | **HL** | **INFORMATION SOURCE LEVEL** | | **1** | **R** | 2000A | **1** | **999** | **R** | **IK304 = 3: "Required Segment Missing"** | **2000A.HL must be present.** | **2000A.HL must be present.** | | | |
| X212.39/109.2000A.HL.020 | **HL** | | | | | | | **999** | **R** | **IK304 = 5: "Segment Exceeds Maximum Use"** | **Only one iteration of 2000A.HL is allowed.** | **Only one iteration of 2000A.HL is allowed.** | | | |
| X212.39/109.2000A.HL01.010 | HL01 | Hierarchical ID Number | AN | 1-12 | R | 2000A | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000A.HL01 must be present. | 2000A.HL01 must be present. | | | |
| X212.39/109.2000A.HL01.020 | HL01 | | | | | | | 999 | R | IK403 = 5: "Data Element Too Long" | 2000A.HL01 must be 1 - 12 characters. | | | | |
| X212.39/109.2000A.HL01.030 | HL01 | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2000A.HL01 must be numeric. | | | | |
| X212.39/109.2000A.HL01.040 | HL01 | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | The first HL01 must be "1". | The first HL01 must be "1". | | | |
| X212.39/109.2000A.HL02.010 | HL02 | Hierarchical Parent ID Number | AN | 1-12 | N/U | | | 999 | R | IK403 = I10: "Implementation 'Not Used' Element Present" | Must not be present. | Must not be present. | | | |
| X212.39/109.2000A.HL03.010 | HL03 | Hierarchical Level Code | ID | 1-2 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000A.HL03 must be present. | 2000A.HL03 must be present. | | | |

| 276/277 Edit Reference | Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | TA1/ 999/ 277 | 2 1 7 C 6 E R | Disposition / Error Code | Proposed 276 5010 Edits | Outbound Mapping Instructions (Flat file and/or 277) Found Condition | Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition | Triggering Event | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X212.39/109.2000A.HL03.020 | HL03 | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2000A.HL03 must be "20". | 2000A.HL03 must be "20". | | | |
| X212.39/109.2000A.HL04.010 | HL04 | Hierarchical Child Code | ID | 1-1 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000A.HL04 must be present. | 2000A.HL04 must be present. | | | |
| X212.39/109.2000A.HL04.020 | HL04 | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2000A.HL04 must be "1'. | 2000A.HL04 must be "1'. | | | |
| X212.41/111.2100A.NM1.010 | **NM1** | **PAYER NAME** | | **1** | **R** | **2100A** | **1** | **999** | **R** | **IK304 = 3: "Required Segment Missing"** | **2100A.NM1 must be present.** | **2100A.NM1 must be present.** | | | |
| X212.41/111.2100A.NM1.020 | **NM1** | | | | | | | **999** | **R** | **IK304 = 4: "Loop Occurs Over Maximum Times"** | **Only one iteration of 2100A.NM1 with NM101 "PR" is allowed.** | **Only one iteration of 2100A.NM1 with NM101 "PR" is allowed.** | | | |
| X212.41/111.2100A.NM101.010 | NM101 | Entity Identifier Code | ID | 2-3 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2100A.NM101 must be present. | 2100A.NM101 must be present. | | | |
| X212.41/111.2100A.NM101.020 | NM101 | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2100A.NM101 must be "PR". | 2100A.NM101 must be "PR". | | | |
| X212.41/111.2100A.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2100A.NM102 must be present. | 2100A.NM102 must be present. | | | |
| X212.41/111.2100A.NM102.020 | NM102 | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2100A.NM102 must be "2". | 2100A.NM102 must be "2". | | | |
| X212.41/111.2100A.NM103.010 | NM103 | Payer Name | AN | 1-60 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2100A.NM103 must be present. | 2100A.NM103 must be present. | | | |
| X212.41/111.2100A.NM103.020 | NM103 | | | | | | | 999 | R | IK403 = 5: "Data Element Too Long" | 2100A.NM103 must be 1 - 60 characters. | 2100A.NM103 is pulled from the system reference file that designates the workload. | | | |
| X212.41/111.2100A.NM103.030 | NM103 | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2100A.NM103 must contain at least one non-space character. | | | | |
| X212.41/111.2100A.NM103.040 | NM103 | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2100A.NM103 must be populated with accepted AN characters. | | | | |
| X212.41/111.2100A.NM104.010 | NM104 | Name First | AN | 1-35 | N/U | | | 999 | R | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | Must not be present. | | | |
| X212.41/111.2100A.NM105.010 | NM105 | Name Middle | AN | 1-25 | N/U | | | 999 | R | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | Must not be present. | | | |
| X212.41/111.2100A.NM106.010 | NM106 | Name Prefix | AN | 1-10 | N/U | | | 999 | R | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | Must not be present. | | | |
| X212.41/111.2100A.NM107.010 | NM107 | Name Suffix | AN | 1-10 | N/U | | | 999 | R | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | Must not be present. | | | |
| X212.41/111.2100A.NM108.010 | NM108 | Identification Code Qualifier | ID | 1-2 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2100A.NM108 must be present. | 2100A..NM108 must be present. | | | |
| X212.41/111.2100A.NM108.020 | NM108 | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2100A.NM108 must be "PI". | 2100A..NM108 must be "PI". | | | |
| X212.41/111.2100A.NM109.010 | NM109 | Payer Identifier | AN | 2-80 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2100A.NM109 must be present. | 2100A..NM109 must be present. | | | |
| X212.41/111.2100A.NM109.020 | NM109 | | | | | | | 999 | R | IK403 = I12: "Implementation Pattern Match Failure" | 2100A..NM109 must be a valid payer id according to the trading partner management system. | 2100A..NM109 must be the transmitted value from the associated 276. | | | |
| X212.41/111.2100A.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | N/U | | | 999 | R | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | Must not be present. | | | |
| X212.41/111.2100A.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | N/U | | | 999 | R | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | Must not be present. | | | |
| X212.41/111.2100A.NM112.010 | NM112 | Last Name | AN | 1-60 | N/U | | | 999 | R | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | Must not be present. | | | |
| X212.NA/113.2100A.PER.010 | PER | PAYER CONTACT INFORMATION | | 1 | S | 2100A | | | | | | Only one iteration of 2100A.PER is allowed. | | | 06/18: The telephone number will always be transmitted in the first communication number set, an email address will be sent in the 2nd communication number set, if the information is applicable and available. The 3rd communication number set will not be transmitted. For DME the value "FX" will not be used |

| 276/277 Edit Reference | Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | TA1/ 999/ 277 | 2 1 7 C 6 E R | Disposition / Error Code | Proposed 276 5010 Edits | Outbound Mapping Instructions (Flat file and/or 277) Found Condition | Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition | Triggering Event | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X212.NA/113.2100A.PER01.010 | PER01 | Contact Function Code | ID | 2-2 | R | | | | | | | 2100A.PER01 must be present. | | | |
| X212.NA/113.2100A.PER01.020 | PER01 | | | | | | | | | | | 2100A.PER01 must be "IC". | | | |
| X212.NA/113.2100A.PER02.010 | PER02 | Payer Contact Name | AN | 1-60 | S | | | | | | | For Part A: 2100A.PER02 must be the value in Parm 01022. For VMS - 2100A.PER02 must be the value in VANS/277 Contact. For MCS - 2100A.PER02 must be the value in APPYLCON. | | | |
| X212.NA/113.2100A.PER03.010 | PER03 | Communication Number Qualifier | ID | 2-2 | R | | | | | | | 2100A.PER03 must be present. | | | |
| X212.NA/113.2100A.PER03.020 | PER03 | | | | | | | | | | | 2100A.PER03 must be "TE". | | | |
| X212.NA/113.2100A.PER04.010 | PER04 | Communication Number | AN | 1-256 | R | | | | | | | 2100A.PER04 must be present. | | | |
| X212.NA/113.2100A.PER04.020 | PER04 | | | | | | | | | | | 2100A.PER04 must be 10 digits. | | | 06/18: The phone number must include the area code and phone number, in AAAPPPPPPP format. |
| X212.NA/113.2100A.PER05.010 | PER05 | Communication Number Qualifier | ID | 2-2 | S | | | | | | | 2100A.PER05 must be "EM". | | | |
| X212.NA/113.2100A.PER06.010 | PER06 | Communication Number | AN | 1-256 | S | | | | | | | If 2100A.PER06 is present, 2100A.PER05 must be present. | | | |
| X212.NA/113.2100A.PER06.020 | PER06 | | | | | | | | | | | 2100A.PER06 must be 1 - 256 characters. | | | |
| X212.NA/113.2100A.PER07.010 | PER07 | Communication Number Qualifier | ID | 2-2 | S | | | | | | | Must not be present. | | | |
| X212.NA/113.2100A.PER08.010 | PER08 | Communication Number | AN | 1-256 | S | | | | | | | Must not be present. | | | |
| X212.NA/113.2100A.PER09.010 | PER09 | Contact Inquiry Reference | AN | 1-20 | N/U | | | | | | | Must not be present. | | | |
| X212.43/116.2000B.IR Loop.010 | IR Loop | **Information Receiver Loop** | | | | 2000B | >1 | | | | | | | | |
| X212.43/116.2000B.HL.010 | **HL** | **INFORMATION RECEIVER LEVEL** | | **1** | **R** | **2000B** | **1** | **999** | **R** | **IK304 = 3: "Required Segment Missing"** | **2000B.HL must be present.** | **2000B.HL must be present.** | | | |
| X212.43/116.2000B.HL.020 | **HL** | | | | | | | **999** | **R** | **IK304 = 5: "Segment Exceeds Maximum Use"** | **Only one iteration of 2000B.HL is allowed.** | **Only one iteration of 2000B.HL is allowed.** | | | |
| X212.43/116.2000B.HL01.010 | HL01 | Hierarchical ID Number | AN | 1-12 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000B.HL01 must be present. | 2000B.HL01 must be present. | | | |
| X212.43/116.2000B.HL01.020 | HL01 | | | | | | | 999 | R | IK403 = 5: "Data Element Too Long" | 2000B.HL01 must be 1-12 characters. | | | | |
| X212.43/116.2000B.HL01.030 | HL01 | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2000B.HL01 must be numeric. | | | | |
| X212.43/116.2000B.HL01.040 | HL01 | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2000B.HL01 must equal the value of the previous HL01 plus one. | 2000B.HL01 must equal the value of the previous HL01 plus one. | | | |
| X212.43/116.2000B.HL02.010 | HL02 | Hierarchical Parent ID Number | AN | 1-12 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000B.HL02 must be present. | 2000B.HL02 must be present. | | | |
| X212.43/116.2000B.HL02.020 | HL02 | | | | | | | 999 | R | IK403 = I12: "Implementation Pattern Match Failure" | 2000B.HL02 must be equal the value of the HL01 (2000A.HL01) of the parent HL. | 2000B.HL02 must be equal the value of the HL01 (2000A.HL01) of the parent | | | |
| X212.43/116.2000B.HL03.010 | HL03 | Hierarchical Level Code | ID | 1-2 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000B.HL03 must be present. | 2000B.HL03 must be present. | | | |
| X212.43/116.2000B.HL03.020 | HL03 | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2000B.HL03 must be "21". | 2000B.HL03 must be "21". | | | |
| X212.43/116.2000B.HL04.010 | HL04 | Hierarchical Child Code | ID | 1-1 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000B.HL04 must be present. | 2000B.HL04 must be present. | | | |

| 276/277 Edit Reference | Element Identifier | Description | ID | Min. | Max. | Usage Reg. | Loop | Loop Repeat | TA1/ 999/ 277 | 2 1 7 C 6 E R | Disposition / Error Code | Proposed 276 5010 Edits | Outbound Mapping Instructions (Flat file and/or 277) Found Condition | Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition | Triggering Event | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X212.43/116.2000B.HL04.020 | HL04 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2000B.HL04 must be "1". | 2000B.HL04 must be "0" when rejecting the status request for errors at the Information Source or Information Receiver levels. Otherwise, 2000B.HL04 must be "1". | | Triggering error example: 2100B.NM109 NE ISA06. | |
| X212.45/118.2100B.NM1.010 | NM1 | INFORMATION RECEIVER NAME | | 1 | | R | 2100B | 1 | 999 | R | IK304 = 3: "Required Segment Missing" | 2100B.NM1 must be present. | 2100B.NM1 must be present. | | | |
| X212.45/118.2100B.NM1.020 | NM1 | | | | | | | | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only one iteration of 2100B.NM1 is allowed with NM101="41". | Only one iteration of 2100B.NM1 is allowed with NM101="41". | | | |
| X212.45/118.2100B.NM101.010 | NM101 | Entity Identifier Code | ID | 2-3 | | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2100B.NM101 must be present. | 2100B.NM101 must be present. | | | |
| X212.45/118.2100B.NM101.020 | NM101 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2100B.NM101 must be "41". | 2100B.NM101 must be the transmitted value from the associated 276. | | | |
| X212.45/118.2100B.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2100B.NM102 must be present. | 2100B.NM102 must be present. | | | |
| X212.45/118.2100B.NM102.020 | NM102 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2100B.NM102 must be valid values | 2100B.NM102 must be the transmitted value from the associated 276. | | | |
| X212.45/118.2100B.NM103.010 | NM103 | Information Receiver Last Name or Organization Name | AN | 1-60 | | S | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2100B.NM103 must be present. | 2100B.NM103 must be present. | | | |
| X212.45/118.2100B.NM103.020 | NM103 | | | | | | | | 999 | R | IK403 = 5: "Data Element Too Long" | 2100B.NM103 must be 1-60 characters. | 2100B.NM103 must be the transmitted value from the associated 276. | | | |
| X212.45/118.2100B.NM103.030 | NM103 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2100B.NM103 must be populated with accepted A/N characters. | | | | |
| X212.45/118.2100B.NM103.040 | NM103 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2100B.NM103 must contain at least one non-space character. | | | | |
| X212.45/118.2100B.NM104.010 | NM104 | Information Receiver First Name | AN | 1-35 | | S | | | 999 | R | IK403 = I13: "Implementation Dependent 'not used' Data Element Present" | If 2100B.NM102 is "2", 2100B.NM104 must not be present | 2100B.NM104 must be the transmitted value from the associated 276. | | | |
| X212.45/118.2100B.NM104.020 | NM104 | | | | | | | | 277 | C | CSC 505: "Entity's First Name" | If 2100B.NM102 is "1", 2100B.NM104 must be present. | | | | |
| X212.45/118.2100B.NM104.030 | NM104 | | | | | | | | 999 | R | IK403 = 5: "Data Element Too Long" | 2100B.NM104 must be 1 - 35 characters. | | | | |
| X212.45/118.2100B.NM104.040 | NM104 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2100B.NM104 must contain at least one non-space character. | | | | |
| X212.45/118.2100B.NM104.050 | NM104 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2100B.NM105 must be populated with accepted AN characters. | | | | |
| X212.45/118.2100B.NM105.010 | NM105 | Information Receiver Middle Name | AN | 1-25 | | S | | | 999 | R | IK403 = I13: "Implementation Dependent 'not used' Data Element Present" | If 2100B.NM102 is "2", 2100B.NM105 must not be present | 2100B.NM105 must be the transmitted value from the associated 276. | | | |
| X212.45/118.2100B.NM105.020 | NM105 | | | | | | | | 999 | R | IK403 = 5: "Data Element Too Long" | 2100B.NM105 must be 1 - 25 characters. | | | | |
| X212.45/118.2100B.NM105.030 | NM105 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2100B.NM105 must contain at least one non-space character. | | | | |
| X212.45/118.2100B.NM105.040 | NM105 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2100B.NM105 must be populated with accepted AN characters. | | | | |
| X212.45/118.2100B.NM106.010 | NM106 | Name Prefix | AN | 1-10 | | N/U | | | 999 | R | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | Must not be present. | | | |
| X212.45/118.2100B.NM107.010 | NM107 | Information Receiver Name Suffix | AN | 1-10 | | N/U | | | 999 | R | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | Must not be present. | | | |
| X212.45/118.2100B.NM108.010 | NM108 | Identification Code Qualifier | ID | 1-2 | | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2100B.NM108 must be present. | 2100B.NM108 must be present. | | | |
| X212.45/118.2100B.NM108.020 | NM108 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2100B.NM108 must be "46". | 2100B.NM108 must be the transmitted value from the associated 276. | | | |
| X212.45/118.2100B.NM109.010 | NM109 | Information Receiver Identification Number | AN | 2-80 | | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2100B.NM109 must be present. | 2100B.NM109 must be present. | | | |

| 276/277 Edit Reference | Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | TA1/ 999/ 277 | 2 1 7 C 7 C 6 E R | Disposition / Error Code | Proposed 276 5010 Edits | Outbound Mapping Instructions (Flat file and/or 277) Found Condition | Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition | Triggering Event | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X212.45/118.2100B.NM109.020 | NM109 | | | | | | | 277 | T/C | CSC26: "Entity not found" | 2100B.NM109 must be the same as GS02. | 2100B.NM109 must be the transmitted value from the associated 276. | | | Part A (T) Part B Either (PCF) T/C |
| X212.45/118.2100B.NM109.030 | NM109 | | | | | | | 277 | T/C | CSC 24: "Entity not approved as an electronic submitter " | 2100B..NM109 must be a valid submitter id according to the trading partner management system. | 2100A..NM109 must be the transmitted value from the associated 276. | | | Part A (T) Part B Either (PCF) T/C |
| X212.45/118.2100B.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | N/U | | | 999 | R | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | Must not be present. | | | |
| X212.45/118.2100B.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | N/U | | | 999 | R | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | Must not be present. | | | |
| X212.45/118.2100B.NM112.010 | NM112 | Last Name | AN | 1-60 | N/U | | | 999 | R | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | Must not be present. | | | |
| X212.NA/120.2200B.TRN.010 | TRN | Receiver CLAIM STATUS TRACKING NUMBER | | 1 | S | 2200B | 1 | | | | | Translator level: When 2000B.HL04 = "0", one iteration of 2200B.TRN is required. Otherwise, 2200B.TRN is not allowed. | | | |
| X212.NA/120.2200B.TRN01.010 | TRN01 | Trace Type Code | ID | 1-2 | R | | | | | | | 2200B.TRN01 must be present. | | | |
| X212.NA/120.2200B.TRN01.020 | TRN01 | | | | | | | | | | | 2200B.TRN01 must be "2". | | | |
| X212.NA/120.2200B.TRN02.010 | TRN02 | Trace Number | AN | 1-50 | R | | | | | | | 2200B.TRN02 must be present. | | | |
| X212.NA/120.2200B.TRN02.020 | TRN02 | | | | | | | | | | | 2200B.TRN02 must be the BHT03 value from the associated 276. | | | |
| X212.NA/120.2200B.TRN03.010 | TRN03 | Originating Company Identifier | AN | 10-10 | N/U | | | | | | | Must not be present. | | | |
| X212.NA/120.2200B.TRN04.010 | TRN04 | Reference Identifier | AN | 1-50 | N/U | | | | | | | Must not be present. | | | |
| X212.NA/121.2200B.STC.010 | STC | INFORMATION RECEIVER STATUS INFORMATION | | 1 | R | 2200B | | | | | | Translator level: When 2000B.HL04 = "0", one iteration of 2200B.STC is required. When not triggered, 2200B.STC is not allowed. | | | 04/23: Medicare limitation: Up to five iterations of the STC will be allowed for all occurrences in these transactions. |
| X212.NA/121.2200B.STC01.010 | STC01 | HEALTH CARE CLAIM STATUS | | | R | | | | | | | | | | |
| X212.NA/121.2200B.STC01-1.010 | STC01-1 | Health Care Claim Status Category Code | AN | 1-30 | R | | | | | | | 2200B.STC01-1 must be "D0" or "E". | | | Triggering error example: 2100B.NM109 NE ISA06 - STC01-1 = "E0" |
| X212.NA/121.2200B.STC01-2.010 | STC01-2 | Health Care Claim Status Code | AN | 1-30 | R | | | | | | | 2200B.STC01-2 must be present. | | | |
| X212.NA/121.2200B.STC01-2.020 | STC01-2 | | | | | | | | | | | 2200B.STC01-2 must be a valid Claim Status Code. | | | Triggering error example: 2100B.NM109 NE ISA06 - STC01-2 = "24" |
| X212.NA/121.2200B.STC01-3.010 | STC01-3 | Entity Identifier Code | ID | 2-3 | S | | | | | | | 2200B.STC01-3 must be "41". | | | |
| X212.NA/121.2200B.STC01-4.010 | STC01-4 | Code List Qualifier Code | ID | 1-3 | N/U | | | | | | | Must not be present. | | | |
| X212.NA/121.2200B.STC02.010 | STC02 | Status Information Effective Date | DT | 8-8 | R | | | | | | | 2200B.STC02 must the current (system) date in CCYYMMDD format. | | | |
| X212.NA/121.2200B.STC03.010 | STC03 | Action Code | ID | 1-2 | N/U | | | | | | | Must not be present. | | | |
| X212.NA/121.2200B.STC04.010 | STC04 | Monetary Amount | R | 1-18 | N/U | | | | | | | Must not be present. | | | |
| X212.NA/121.2200B.STC05.010 | STC05 | Monetary Amount | R | 1-18 | N/U | | | | | | | Must not be present. | | | |
| X212.NA/121.2200B.STC06.010 | STC06 | Date | DT | 8-8 | N/U | | | | | | | Must not be present. | | | |

| 276/277 Edit Reference | Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | TA1/ 999/ 277 | 2 1 7 C 6 E R | Disposition / Error Code | Proposed 276 5010 Edits | Outbound Mapping Instructions (Flat file and/or 277) Found Condition | Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition | Triggering Event | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X212.NA/121.2200B.STC07.010 | STC07 | Payment Method Code | ID | 3-3 | N/U | | | | | | | Must not be present. | | | |
| X212.NA/121.2200B.STC08.010 | STC08 | Date | DT | 8-8 | N/U | | | | | | | Must not be present. | | | |
| X212.NA/121.2200B.STC09.010 | STC09 | Check Number | AN | 1-16 | N/U | | | | | | | Must not be present. | | | |
| X212.NA/121.2200B.STC10.010 | STC10 | HEALTH CARE CLAIM STATUS | | | S | | | | | | | | | | |
| X212.NA/121.2200B.STC10-1.010 | STC10-1 | Health Care Claim Status Category Code | AN | 1-30 | R | | | | | | | 2200B.STC10-1 may be present if 2200B.STC01-1 is present | | | This "bucket" not used in this location. |
| X212.NA/121.2200B.STC10-1.020 | STC10-1 | | | | | | | | | | | 2200B.STC01-1 must be "D0" or "E". | | | |
| X212.NA/121.2200B.STC10-2.010 | STC10-2 | Health Care Claim Status Code | AN | 1-30 | R | | | | | | | 2200B.STC10-2 must be present. | | | |
| X212.NA/121.2200B.STC10-2.020 | STC10-2 | | | | | | | | | | | 2200B.STC10-2 must be a valid Claim Status Code. | | | Valid Claim Status Request reference must be available for this edit. |
| X212.NA/121.2200B.STC10-3.010 | STC10-3 | Entity Identifier Code | ID | 2-3 | S | | | | | | | 2200B.STC10-3 must be present. | | | |
| X212.NA/121.2200B.STC10-3.020 | STC10-3 | | | | | | | | | | | 2200B.STC10-3 must be valid values. | | | |
| X212.NA/121.2200B.STC10-4.010 | STC10-4 | Code List Qualifier Code | ID | 1-3 | N/U | | | | | | | Must not be present. | | | |
| X212.NA/121.2200B.STC11.010 | STC11 | HEALTH CARE CLAIM STATUS | | | S | | | | | | | | | | |
| X212.NA/121.2200B.STC11-1.010 | STC11-1 | Health Care Claim Status Category Code | AN | 1-30 | R | | | | | | | 2200B.STC11-1 may be present if 2200B.STC01-1 is present | | | This "bucket" not used in this location. |
| X212.NA/121.2200B.STC11-1.020 | STC11-1 | | | | | | | | | | | 2200B.STC11-1 must be "D0" or "E". | | | |
| X212.NA/121.2200B.STC11-2.010 | STC11-2 | Health Care Claim Status Code | AN | 1-30 | R | | | | | | | 2200B.STC11-2 must be present. | | | |
| X212.NA/121.2200B.STC11-2.020 | STC11-2 | | | | | | | | | | | 2200B.STC11-2 must be a valid Claim Status Code. | | | Valid Claim Status Request reference must be available for this edit. |
| X212.NA/121.2200B.STC11-3.010 | STC11-3 | Entity Identifier Code | ID | 2-3 | S | | | | | | | 2200B.STC11-3 must be present. | | | |
| X212.NA/121.2200B.STC11-3.020 | STC11-3 | | | | | | | | | | | 2200B.STC11-3 must be valid values. | | | |
| X212.NA/121.2200B.STC11-4.010 | STC11-4 | Code List Qualifier Code | ID | 1-3 | N/U | | | | | | | Must not be present. | | | |
| X212.NA/121.2200B.STC12.010 | STC12 | Free-Form Message Text | AN | 1-264 | N/U | | | | | | | Must not be present. | | | |
| X212.47/124.2000C.SP Loop.010 | SP Loop | Service Provider Loop | | | | 2000C | >1 | | | | | | | | |
| X212.47/124.2000C.HL.010 | HL | SERVICE PROVIDER LEVEL | | 1 | R | 2000C | 1 | 999 | R | IK304 = 3: "Required Segment Missing" | 2000C.HL must be present. | 2000C.HL must be present. | | | |
| X212.47/124.2000C.HL.020 | HL | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2000C.HL is allowed. | Only one iteration of 2000C.HL is allowed. | | | |
| X212.47/124.2000C.HL01.010 | HL01 | Hierarchical ID Number | AN | 1-12 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000C.HL01 must be present. | 2000C.HL01 must be present. | | | |
| X212.47/124.2000C.HL01.020 | HL01 | | | | | | | 999 | R | IK403 = 5: "Data Element Too Long" | 2000C.HL01 must be 1-12 characters. | | | | |
| X212.47/124.2000C.HL01.030 | HL01 | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2000C.HL01 must be numeric. | | | | |
| X212.47/124.2000C.HL01.040 | HL01 | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2000C.HL01 must equal the value of the previous HL01 plus one. | 2000C.HL01 must equal the value of the previous HL01 plus one. | | | |
| X212.47/124.2000C.HL02.010 | HL02 | Hierarchical Parent ID Number | AN | 1-12 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000C.HL02 must be present. | 2000C.HL02 must be present. | | | |

| 276/277 Edit Reference | Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | TA1/ 999/ 277 | 2 1 7 C 6 E R | Disposition / Error Code | Proposed 276 5010 Edits | Outbound Mapping Instructions (Flat file and/or 277) Found Condition | Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition | Triggering Event | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X212.47/124.2000C.HL02.020 | HL02 | | | | | | | 999 | R | 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. | | | |
| X212.47/124.2000C.HL03.010 | HL03 | Hierarchical Level Code | ID | 1-2 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000C.HL03 must be present. | 2000C.HL03 must be present. | | | |
| X212.47/124.2000C.HL03.020 | HL03 | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2000C.HL03 must be "19". | 2000C.HL03 must be "19". | | | |
| X212.47/124.2000C.HL04.010 | HL04 | Hierarchical Child Code | ID | 1-1 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000C.HL04 must be present. | 2000C.HL04 must be present. | | | |
| X212.47/124.2000C.HL04.020 | HL04 | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2000C.HL04 must be "1". | 2000C.HL04 must be "0" when rejecting because the provider is not found. Otherwise, 2000C.HL04 must be "1". | | Triggering error example: 2100C.NM109 not matched in the internal system. | |
| X212.49/126.2100C.PN Loop.010 | PN Loop | Provider Name Loop | | | | 2100C | 2 | 277 | T | CSCC - E4 "Trading partner agreement specific requirement not met: Data correction required: CSC: 504" Entity's Last Name " DE98 = 1P - Provider CSC: 505" Entity's First Name " DE98 = 1P - Provider CSC: 153" Entity's ID " DE98 = 1P - Provider | Only one iteration of 2100C is allowed. | | | | 04/20: Medicare limitation, 276 Companion Guide note needed. |
| X212.49/126.2100C.NM1.010 | NM1 | PROVIDER NAME | | 1 | R | 2100C | 1 | 999 | R | IK304 = 3: "Required Segment Missing" | 2100C.NM1 must be present. | 2100C.NM1 must be present. | | | |
| X212.49/126.2100C.NM1.020 | NM1 | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2100C.NM1 is allowed with NM101="1P". | Only one iteration of 2100C.NM1 is allowed with NM101="1P". | | | |
| X212.49/126.2100C.NM101.010 | NM101 | Entity Identifier Code | ID | 2-3 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2100C.NM101 must be present. | 2100C.NM101 must be present. | | | |
| X212.49/126.2100C.NM101.020 | NM101 | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2100C.NM101 must be "1P". | 2100C.NM101 must be the transmitted value from the associated 276. | | | |
| X212.49/126.2100C.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2100C.NM102 must be present. | 2100C.NM102 must be present. | | | |
| X212.49/126.2100C.NM102.020 | NM102 | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2100C.NM102 must be valid values | 2100C.NM102 must be the transmitted value from the associated 276. | | | |
| X212.49/126.2100C.NM103.010 | NM103 | Provider Last or Organization Name | AN | 1-60 | S | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2100C.NM103 must be present. | 2100C.NM103 must be present. | | | |
| X212.49/126.2100C.NM103.020 | NM103 | | | | | | | 999 | R | IK403 = 5: "Data Element Too Long" | 2100C.NM103 must be 1 - 60 characters. | 2100C.NM103 must be the transmitted value from the associated 276. | | | |
| X212.49/126.2100C.NM103.030 | NM103 | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2100C.NM103 must contain at least one non-space character. | | | | |
| X212.49/126.2100C.NM103.040 | NM103 | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2100C.NM103 must be populated with accepted AN characters. | | | | |
| X212.49/126.2100C.NM104.010 | NM104 | Provider First Name | AN | 1-35 | S | | | 999 | R | IK403 = I13: "Implementation Dependent 'not used' Data Element Present" | If 2100C.NM102 is "2" 2100C.NM104 must not be present | 2100C.NM104 must be the transmitted value from the associated 276. | | | |
| X212.49/126.2100C.NM104.020 Edit Deactivated | | | | | | | | | | | | | | | |
| X212.49/126.2100C.NM104.030 | NM104 | | | | | | | 999 | R | IK403 = 5: "Data Element Too Long" | 2100C.NM104 must be 1 - 35 characters. | | | | |
| X212.49/126.2100C.NM104.040 | NM104 | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2100C.NM104 must contain at least one non-space character. | | | | |
| X212.49/126.2100C.NM104.050 | NM104 | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2100C.NM104 must be populated with accepted AN characters. | | | | |
| X212.49/126.2100C.NM105.010 | NM105 | Provider Middle Name | AN | 1-25 | S | | | 999 | R | IK403 = I13: "Implementation Dependent 'not used' Data Element Present" | If 2100C.NM102 is "2", 2100C.NM105 must not be present | 2100C.NM105 must be the transmitted value from the associated 276. | | | |

| 276/277 Edit Reference | Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | TA1/ 999/ 277 | 2 1 7 C 6 E R | Disposition / Error Code | Proposed 276 5010 Edits | Outbound Mapping Instructions (Flat file and/or 277) Found Condition | Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition | Triggering Event | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X212.49/126.2100C.NM105.020 | NM105 | | | | | | | 999 | R | IK403 = 5: "Data Element Too Long" | 2100C.NM105 must be 1 - 25 characters. | | | | |
| X212.49/126.2100C.NM105.030 | NM105 | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2100C.NM105 must contain at least one non-space character. | | | | |
| X212.49/126.2100C.NM105.040 | NM105 | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2100C.NM105 must be populated with accepted AN characters. | | | | |
| X212.49/126.2100C.NM106.010 | NM106 | Provider Name Prefix | AN | 1-10 | N/U | | | 999 | R | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | Must not be present. | | | |
| X212.49/126.2100C.NM107.010 | NM107 | Provider Name Suffix | AN | 1-10 | S | | | 999 | R | IK403 = I13: "Implementation Dependent 'not used' Data Element Present" | If 2100C.NM102 is "2", 2100C.NM107 must not be present | 2100C.NM107 must be the transmitted value from the associated 276. | | | |
| X212.49/126.2100C.NM107.020 | NM107 | | | | | | | 999 | R | IK403 = 5: "Data Element Too Long" | 2100C.NM107 must be 1 - 10 characters. | | | | |
| X212.49/126.2100C.NM107.030 | NM107 | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2100C.NM107 must contain at least one non-space character. | | | | |
| X212.49/126.2100C.NM107.040 | NM107 | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2100C.NM107 must be populated with accepted AN characters. | | | | |
| X212.49/126.2100C.NM108.010 | NM108 | Identification Code Qualifier | ID | 1-2 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2100C.NM108 must be present. | 2100C.NM108 must be present. | | | |
| X212.49/126.2100C.NM108.020 | NM108 | | | | | | | 277 | T/C | CSCC - E4 "Trading partner agreement specific requirement not met: Data correction required: CSC:745 "Identifier qualifier" & CSC 562: "Entity's National Provider Identifier (NPI)" & DE98 = 1P | For everyone except VA, 2100C.NM108 must be "XX". | 2100C.NM108 must be the transmitted value from the associated 276. | | 04/21: 276: Everyone except VA. 276 Companion Guide note needed. | |
| X212.49/126.2100C.NM108.030 | NM108 | | | | | | | 277 | T/C | CSCC - E4 "Trading partner agreement specific requirement not met: Data correction required: CSC:745 "Identifier qualifier" & CSC 562: "Entity's National Provider Identifier (NPI)" & DE98 = 1P | For VA, 2100C.NM108 must be "XX" or "SV" | | | 04/21: 276: VA only exception. 276 Companion Guide note needed. | |
| X212.49/126.2100C.NM109.010 | NM109 | Provider Identifier | AN | 2-80 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2100C.NM108 is present, 2100C.NM109 must be present. | 2100C.NM109 must be present. | | If the NPI in the 276 2100C NM109 is not found on the NPI crosswalk, then build the 277 response up to and including 2200C TRN and 2200C STC, do not build additional loops after the 2200C STC segment. | |
| X212.49/126.2100C.NM109.020 | NM109 | | | | | | | 277 | C | CSC 562: "Entity's National Provider Identifier (NPI)" | 2100C.NM109 must be valid according to the NPI algorithm. | 2100C.NM109 must be the transmitted value from the associated 276. | | | |
| X212.49/126.2100C.NM109.030 | NM109 | | | | | | | 277 | C | CSC 562: "Entity's National Provider Identifier (NPI)" | The first position of 2100C.NM109 must be a "1". | | | | |

| 276/277 Edit Reference | Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | TA1/ 999/ 277 | 2 1 7 C 6 E R | Disposition / Error Code | Proposed 276 5010 Edits | Outbound Mapping Instructions (Flat file and/or 277) Found Condition | Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition | Triggering Event | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X212.49/126.2100C.NM109.040 | NM109 | | | | | | | 277 | C | CSCC - E4 "Trading partner agreement specific requirement not met: Data correction required:CSC 562: "Entity's National Provider Identifier (NPI)" | 2100C.NM109 must be a valid NPI on the Crosswalk. | | | | 04/21: new edit. Valid NPI Crosswalk source for the 276/277 transaction sets in the Contractor Front End Service must be available for this edit. 10/21/2014 Note changed to remove translator responsibility for Part A. This edit is accomplished in the CEM for both Parts A and B. |
| X212.49/126.2100C.NM109.050 | NM109 | | | | | | | 277 | T/C | CSC 496: "Submitter not approved for electronic claim submission on behalf of this entity" | 2100C..NM109 must be associated with a valid submitter from 2100B NM109 according to the trading partner management system | 2100A..NM109 must be the transmitted value from the associated 276. | | | Part A (Trans) Part B (C) [40 is T/C B side CEM Edit] |
| X212.49/126.2100C.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | N/U | | | 999 | R | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | Must not be present. | | | |
| X212.49/126.2100C.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | N/U | | | 999 | R | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | Must not be present. | | | |
| X212.49/126.2100C.NM112.010 | NM112 | Last Name | AN | 1-60 | N/U | | | 999 | R | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | Must not be present. | | | |
| X212.NA/129.2200C.TRN.010 | **TRN** | **Provider CLAIM STATUS TRACKING NUMBER** | | 1 | S | 2200C | 1 | | | | | **When 2000C.HL04 = "0", one iteration of 2200C.TRN is allowed. Otherwise, 2200B.TRN is not allowed.** | | | **If reporting error status at this level, the 2000D and 2000E Loops related to this provider are not used.** |
| X212.NA/129.2200C.TRN01.010 | TRN01 | Trace Type Code | ID | 1-2 | R | | | | | | | 2200C.TRN01 must be present. | | | |
| X212.NA/129.2200C.TRN01.020 | TRN01 | | | | | | | | | | | 2200C.TRN01 must be "1". | | | |
| X212.NA/129.2200C.TRN02.010 | TRN02 | Trace Number | AN | 1-50 | R | | | | | | | 2000C.TRN02 must be present. | | | |
| X212.NA/129.2200C.TRN02.020 | TRN02 | | | | | | | | | | | 2200C.TRN02 must be "0". | | | |
| X212.NA/129.2200C.TRN03.010 | TRN03 | Originating Company Identifier | AN | 10-10 | N/U | | | | | | | Must not be present. | | | |
| X212.NA/129.2200C.TRN04.010 | TRN04 | Reference Identifier | AN | 1-50 | N/U | | | | | | | Must not be present. | | | |
| X212.NA/130.2200C.STC.010 | **STC** | **Provider STATUS INFORMATION** | | 1 | R | 2200C | | | | | | **When 2000C.HL04 = "0", 2200C.STC must be present. Otherwise, 2200C.STC is not allowed.** | | | If status is being provided at this level, the 2000D loop is not sent. |
| X212.NA/130.2200C.STC.020 | **STC** | | | | | | | | | | | **Five iterations of 2200C.STC are allowed.** | | | 04/23: Medicare limitation: Up to five iterations of the STC will be allowed for all occurrences in these transactions. |
| X212.NA/130.2200C.STC01.010 | STC01 | HEALTH CARE CLAIM STATUS | | | R | | | | | | | | | | |
| X212.NA/130.2200C.STC01-1.010 | STC01-1 | Health Care Claim Status Category Code | AN | 1-30 | R | | | | | | | 2200C.STC01-1 must be "D0" or "E". | | | Triggering error example: Provider not matched in the internal system. - STC01-1 = "D0" |
| X212.NA/130.2200C.STC01-2.010 | STC01-2 | Health Care Claim Status Code | AN | 1-30 | R | | | | | | | 2200C.STC01-2 must be present. | | | |
| X212.NA/130.2200C.STC01-2.020 | STC01-2 | | | | | | | | | | | 2200C.STC01-2 must be a valid Claim Status Code. | | | Triggering error example: 2100B.NM109 NE ISA06 - STC01-2 = "24" |
| X212.NA/130.2200C.STC01-3.010 | STC01-3 | Entity Identifier Code | ID | 2-3 | S | | | | | | | 2200C.STC01-3 must be "1P". | | | |
| X212.NA/130.2200C.STC01-4.010 | STC01-4 | Code List Qualifier Code | ID | 1-3 | N/U | | | | | | | Must not be present. | | | |

| 276/277 Edit Reference | Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | TA1/ 999/ 277 | 2 1 7 C 6 E R | Disposition / Error Code | Proposed 276 5010 Edits | Outbound Mapping Instructions (Flat file and/or 277) Found Condition | Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition | Triggering Event | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X212.NA/130.2200C.STC02.010 | STC02 | Status Information Effective Date | DT | 8-8 | R | | | | | | | 2200C.STC02 must the current (system) date in CCYYMMDD format. | | | |
| X212.NA/130.2200C.STC03.010 | STC03 | Action Code | ID | 1-2 | N/U | | | | | | | Must not be present. | | | |
| X212.NA/130.2200C.STC04.010 | STC04 | Monetary Amount | R | 1-18 | N/U | | | | | | | Must not be present. | | | |
| X212.NA/130.2200C.STC05.010 | STC05 | Monetary Amount | R | 1-18 | N/U | | | | | | | Must not be present. | | | |
| X212.NA/130.2200C.STC06.010 | STC06 | Date | DT | 8-8 | N/U | | | | | | | Must not be present. | | | |
| X212.NA/130.2200C.STC07.010 | STC07 | Payment Method Code | ID | 3-3 | N/U | | | | | | | Must not be present. | | | |
| X212.NA/130.2200C.STC08.010 | STC08 | Date | DT | 8-8 | N/U | | | | | | | Must not be present. | | | |
| X212.NA/130.2200C.STC09.010 | STC09 | Check Number | AN | 1-16 | N/U | | | | | | | Must not be present. | | | |
| X212.NA/130.2200C.STC10.010 | STC10 | HEALTH CARE CLAIM STATUS | | | S | | | | | | | | | | |
| X212.NA/130.2200C.STC10-1.010 | STC10-1 | Health Care Claim Status Category Code | AN | 1-30 | R | | | | | | | 2200C.STC10-1 may be present if 2200C.STC01-1 is present | | | |
| X212.NA/130.2200C.STC10-1.020 | STC10-1 | | | | | | | | | | | 2200C.STC01-1 must be "D0" or "E". | | | |
| X212.NA/130.2200C.STC10-2.010 | STC10-2 | Health Care Claim Status Code | AN | 1-30 | R | | | | | | | 2200C.STC10-2 must be present. | | | |
| X212.NA/130.2200C.STC10-2.020 | STC10-2 | | | | | | | | | | | 2200C.STC10-2 must be a valid Claim Status Code. | | | Valid Claim Status Request reference must be available for this edit. |
| X212.NA/130.2200C.STC10-3.010 | STC10-3 | Entity Identifier Code | ID | 2-3 | S | | | | | | | 2200C.STC10-3 must be valid values. | | | |
| X212.NA/130.2200C.STC10-4.010 | STC10-4 | Code List Qualifier Code | ID | 1-3 | N/U | | | | | | | Must not be present. | | | |
| X212.NA/130.2200C.STC11.010 | STC11 | HEALTH CARE CLAIM STATUS | | | S | | | | | | | | | | |
| X212.NA/130.2200C.STC11-1.010 | STC11-1 | Health Care Claim Status Category Code | AN | 1-30 | R | | | | | | | 2200C.STC11-1 may be present if 2200C.STC10-1 is present | | | |
| X212.NA/130.2200C.STC11-1.020 | STC11-1 | | | | | | | | | | | 2200C.STC11-1 must be "D0" or "E". | | | |
| X212.NA/130.2200C.STC11-2.010 | STC11-2 | Health Care Claim Status Code | AN | 1-30 | R | | | | | | | 2200C.STC11-2 must be present. | | | |
| X212.NA/130.2200C.STC11-2.020 | STC11-2 | | | | | | | | | | | 2200C.STC11-2 must be a valid Claim Status Code. | | | Valid Claim Status Request reference must be available for this edit. |
| X212.NA/130.2200C.STC11-3.010 | STC11-3 | Entity Identifier Code | ID | 2-3 | S | | | | | | | 2200C.STC11-3 must be valid values. | | | |
| X212.NA/130.2200C.STC11-4.010 | STC11-4 | Code List Qualifier Code | ID | 1-3 | N/U | | | | | | | Must not be present. | | | |
| X212.NA/130.2200C.STC12.010 | STC12 | Free-Form Message Text | AN | 1-264 | N/U | | | | | | | Must not be present. | | | |
| X212.52/133.2000D.Sub Loop.010 | Sub Loop | Subscriber Loop | | | | 2000D | >1 | | | | | | | | |
| X212.52/133.2000D.HL.010 | HL | SUBSCRIBER LEVEL | | 1 | R | 2000D | 1 | 999 | R | 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. |
| X212.52/133.2000D.HL.020 | HL | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2000D.HL is allowed. | Only one iteration of 2000D.HL is allowed. | | | |
| X212.52/133.2000D.HL01.010 | HL01 | Hierarchical ID Number | AN | 1-12 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000D.HL01 must be present. | 2000D.HL01 must be present. | | | |

| 276/277 Edit Reference | Element Identifier | Description | ID | Min. | Max. | Usage Reg. | Loop | Loop Repeat | TA1/999/277 | 277 C/E/R | Disposition / Error Code | Proposed 276 5010 Edits | Outbound Mapping Instructions (Flat file and/or 277) Found Condition | Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition | Triggering Event | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X212.52/133.2000D.HL01.020 | HL01 | | | | | | | | 999 | R | IK403 = 5: "Data Element Too Long" | 2000D.HL01 must be 1-12 characters. | | | | |
| X212.52/133.2000D.HL01.030 | HL01 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2000D.HL01 must be numeric value. | | | | |
| X212.52/133.2000D.HL01.040 | HL01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2000D.HL01 must equal the value of the previous HL01 plus one. | 2000D.HL01 must equal the value of the previous HL01 plus one. | | | |
| X212.52/133.2000D.HL02.010 | HL02 | Hierarchical Parent ID Number | AN | 1 | 12 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000D.HL02 must be present. | 2000D.HL02 must be present. | | | |
| X212.52/133.2000D.HL02.020 | HL02 | | | | | | | | 999 | R | IK403 = I12: "Implementation Pattern Match Failure" | 2000D.HL02 must be equal the value of the HL01 (2000C.HL01) of the parent HL. | 2000D.HL02 must be equal the value of the HL01 (2000C.HL01) of the parent | | | |
| X212.52/133.2000D.HL03.010 | HL03 | Hierarchical Level Code | ID | 1 | 2 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000D.HL03 must be present. | 2000D.HL03 must be present. | | | |
| X212.52/133.2000D.HL03.020 | HL03 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2000D.HL03 must be "22". | 2000D.HL03 must be "22". | | | |
| X212.52/133.2000D.HL04.010 | HL04 | Hierarchical Child Code | ID | 1 | 1 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000D.HL04 must be present. | 2000D.HL04 must be present. | | | |
| X212.52/133.2000D.HL04.020 | HL04 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2000D.HL04 must be valid values. | 2000D.HL04 must be "0". | | | For Medicare, the 2000E loop is never used. |
| X212.54/NA.2000D.DMG.010 | **DMG** | **SUBSCRIBER DEMOGRAPHIC INFORMATION** | | **1** | | **S** | **2000D** | | **999** | **R** | **IK304=5: "Segment Exceeds Maximum Use"** | **Only one iteration of 2000D.DMG is allowed.** | | | | |
| X212.54/NA.2000D.DMG01.010 | DMG01 | Date Time Period Format Qualifier | ID | 2 | 3 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000D.DMG01 must be present. | | | | |
| X212.54/NA.2000D.DMG01.020 | DMG01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2000D.DMG01 must be "D8". | | | | |
| X212.54/NA.2000D.DMG02.010 | DMG02 | Subscriber Birth Date | AN | 1 | 35 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000D.DMG02 must be present. | | | | |
| X212.54/NA.2000D.DMG02.020 | DMG02 | | | | | | | | 999 | R | IK403 = 8: "Invalid Date" | 2000D.DMG02 must be a valid date in format CCYYMMDD format. | | | | |
| X212.54/NA.2000D.DMG02.030 | DMG02 | | | | | | | | 277 | C | CSC 510: "Future date" CSC 158: "Entity's date of birth" | 2000D.DMG02 must not be a future date. | | | | |
| X212.54/NA.2000D.DMG03.010 Edit Deactivated 01/01/2023 | | | | | | | | | | | | | | | | |
| X212.54/NA.2000D.DMG03.020 | DMG03 | Subscriber Gender Code | ID | 1 | 1 | S | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2000D.DMG03 must be valid values. | | | | |
| X212.54/NA.2000D.DMG04.010 | DMG04 | Marital Status Code | ID | 1 | 1 | N/U | | | 999 | R | IK403 = I10: "Implementation 'Not Used' Element Present" | Must not be present. | | | | |
| X212.54/NA.2000D.DMG05.010 | DMG05 | Race or Ethnicity Code | ID | 1 | 1 | N/U | | | 999 | R | IK403 = I10: "Implementation 'Not Used' Element Present" | Must not be present. | | | | |
| X212.54/NA.2000D.DMG06.010 | DMG06 | Citizenship Status Code | ID | 1 | 2 | N/U | | | 999 | R | IK403 = I10: "Implementation 'Not Used' Element Present" | Must not be present. | | | | |
| X212.54/NA.2000D.DMG07.010 | DMG07 | Country Code | ID | 2 | 3 | N/U | | | 999 | R | IK403 = I10: "Implementation 'Not Used' Element Present" | Must not be present. | | | | |
| X212.54/NA.2000D.DMG08.010 | DMG08 | Basis of Verification Code | ID | 1 | 2 | N/U | | | 999 | R | IK403 = I10: "Implementation 'Not Used' Element Present" | Must not be present. | | | | |
| X212.54/NA.2000D.DMG09.010 | DMG09 | Quantity | R | 1 | 15 | N/U | | | 999 | R | IK403 = I10: "Implementation 'Not Used' Element Present" | Must not be present. | | | | |
| X212.54/NA.2000D.DMG10.010 | DMG10 | Code List Qualifier Code | ID | 1 | 3 | N/U | | | 999 | R | IK403 = I10: "Implementation 'Not Used' Element Present" | Must not be present. | | | | |
| X212.54/NA.2000D.DMG11.010 | DMG11 | Industry Code | AN | 1 | 30 | N/U | | | 999 | R | IK403 = I10: "Implementation 'Not Used' Element Present" | Must not be present. | | | | |
| X212.56/135.2100D.NM1.010 | **NM1** | **SUBSCRIBER NAME** | | **1** | | **R** | **2100D** | **1** | **999** | **R** | **IK304 = 3: "Required Segment Missing"** | **2100D.NM1 must be present.** | **2100D.NM1 must be present.** | | | |
| X212.56/135.2100D.NM1.020 | **NM1** | | | | | | | | **999** | **R** | **IK304 = 4: "Loop Occurs Over Maximum Times"** | **Only one iteration of 2100D.NM1 allowed.** | **Only one iteration of 2100D.NM1 allowed.** | | | |

| 276/277 Edit Reference | Element Identifier | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | TA1/ 999/ 277 | 277 CE R | Disposition / Error Code | Proposed 276 5010 Edits | Outbound Mapping Instructions (Flat file and/or 277) Found Condition | Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition | Triggering Event | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X212.56/135.2100D.NM101.010 | NM101 | Entity Identifier Code | ID | 2-3 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2100D.NM101 must be present. | 2100D.NM101 must be present. | | | |
| X212.56/135.2100D.NM101.020 | NM101 | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2100D.NM101 must be "IL". | 2100D.NM101 must be "IL". | | | |
| X212.56/135.2100D.NM102.010 | NM102 | Entity Type Qualifier | ID | 1-1 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2100D.NM102 must be present. | 2100D.NM102 must be present. | | | |
| X212.56/135.2100D.NM102.020 | NM102 | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2100D.NM102 must be "1". | 2100D.NM102 must be "1". | | | |
| X212.56/135.2100D.NM103.010 | NM103 | Subscriber Last Name | AN | 1-60 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2100D.NM103 must be present. | 2100D.NM103 must be present. | | | |
| X212.56/135.2100D.NM103.020 | NM103 | | | | | | | 999 | R | IK403 = 5: "Data Element Too Long" | 2100D.NM103 must be 1 - 60 characters. | 2100D.NM103 must be the transmitted value from the associated 276. | | | |
| X212.56/135.2100D.NM103.030 | NM103 | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2100D.NM103 must contain at least one non-space character. | | | | |
| X212.56/135.2100D.NM103.040 | NM103 | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2100D.NM103 must be populated with accepted AN characters. | | | | |
| X212.56/135.2100D.NM104.010 | NM104 | Subscriber First Name | AN | 1-35 | S | | | 277 | C | CSC 505: "Entity's First Name" | 2100D.NM104 must be present. | 2100D.NM104 must be present. | | | First name required by CMS. 276 Companion Guide note needed. |
| X212.56/135.2100D.NM104.020 | NM104 | | | | | | | 999 | R | IK403 = 5: "Data Element Too Long" | 2100D.NM104 must be 1 - 35 characters. | 2100D.NM104 must be the transmitted value from the associated 276. | | | |
| X212.56/135.2100D.NM104.030 | NM104 | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2100D.NM104 must contain at least one non-space character. | | | | |
| X212.56/135.2100D.NM104.040 | NM104 | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2100D.NM104 must be populated with accepted AN characters. | | | | |
| X212.56/135.2100D.NM105.010 | NM105 | Subscriber Middle Name | AN | 1-25 | S | | | 999 | R | IK403 = 5: "Data Element Too Long" | 2100D.NM105 must be 1 - 25 characters. | 2100D.NM105 must be the transmitted value from the associated 276. | | | |
| X212.56/135.2100D.NM105.020 | NM105 | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2100D.NM105 must contain at least one non-space character. | | | | |
| X212.56/135.2100D.NM105.030 | NM105 | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2100D.NM105 must be populated with accepted AN characters. | | | | |
| X212.56/135.2100D.NM106.010 | NM106 | Subscriber Name Prefix | AN | 1-10 | N/U | | | 999 | R | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | Must not be present. | | | |
| X212.56/135.2100D.NM107.010 | NM107 | Subscriber Name Suffix | AN | 1-10 | S | | | 999 | R | IK403 = 5: "Data Element Too Long" | 2100D.NM107 must be 1 - 10 characters. | 2100D.NM107 must be the transmitted value from the associated 276. | | | |
| X212.56/135.2100D.NM107.020 | NM107 | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2100D.NM107 must contain at least one non-space character. | | | | |
| X212.56/135.2100D.NM107.030 | NM107 | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2100D.NM107 must be populated with accepted AN characters. | | | | |
| X212.56/135.2100D.NM108.010 | NM108 | Identification Code Qualifier | ID | 1-2 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2100D.NM108 must be present. | 2100D.NM108 must be present. | | | |
| X212.56/135.2100D.NM108.020 | NM108 | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2100D.NM108 must be "MI". | 2100D.NM108 must be the transmitted value from the associated 276. | | | 276 Companion Guide note needed. |
| X212.56/135.2100D.NM109.010 | NM109 | Subscriber Identifier | AN | 2-80 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2100D.NM109 must be present. | 2100D.NM109 must be present. | | | |

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Edits Spreadsheet

| 276/277 Edit Reference | Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | TA1/ 999/ 277 | 277 C E R | Disposition / Error Code | Proposed 276 5010 Edits | Outbound Mapping Instructions (Flat file and/or 277) Found Condition | Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition | Triggering Event | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X212.56/135.2100D.NM109.020 | NM109 | | | | | | | 277 | C | CSC 164: "Entity's contract/member number" | **For Medicare HICNs:** 2100D.NM109 must be 10 - 11 positions in the format of NNNNNNNNNA or NNNNNNNNNAA or NNNNNNNNNAN where "A" represents an alpha character and "N" represents a numeric digit -OR- **For Railroad HICNs:** 2100D.NM109 must be 7 - 12 positions in the format of ANNNNNN or AANNNNNN or AAANNNNNN or ANNNNNNNNN If MBI: 2100D.NM109 must be 11 positions in the format of C A AN N A AN N A A N N where "C" represents a constrained numeric 1 thru 9, "A" represents alphabetic character A Z but excluding S, L, O, I, B, Z, "N" represents numeric 0 thru 9 and "AN" represents either "A" or "N". | 2100D.NM108 must be the transmitted value from the associated 276. | | | For CEDI only the contractor must allow valid HIC conffigurations for both Part B and RRB configured HICs to enter the system. |
| X212.56/135.2100D.NM109.030 Edit Deactivated | | | | | | | | | | | | | | | |
| X212.56/135.2100D.NM110.010 | NM110 | Entity Relationship Code | ID | 2-2 | N/U | | | 999 | R | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | Must not be present. | | | |
| X212.56/135.2100D.NM111.010 | NM111 | Entity Identifier Code | ID | 2-3 | N/U | | | 999 | R | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | Must not be present. | | | |
| X212.56/135.2100D.NM112.010 | NM112 | Last Name | AN | 1-60 | N/U | | | 999 | R | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | Must not be present. | | | |
| X212.58/137.2200D.SCST Loop.010 | SCST Loop | Subscriber Claim Status Tracking Loop | | | | 2200D | >1 | | | | | | | | |
| X212.58/137.2200D.TRN.010 | TRN | Subscriber CLAIM STATUS TRACKING NUMBER | | 1 | S | 2200D | 1 | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | 2200D.TRN must be present. | 2200D.TRN must be present. | | | |
| X212.58/137.2200D.TRN.020 | TRN | | | | | | | 999 | R | IK304=5: "Segment Exceeds Maximum Use" | Only one iteration of 2200D.TRN with TRN01 = "1" is allowed. | Only one iteration of 2200D.TRN with TRN01 = "1" is allowed. | | | |
| X212.58/137.2200D.TRN01.010 | TRN01 | Trace Type Code | ID | 1-2 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2200D.TRN01 must be present. | 2200D.TRN01 must be present. | | | |
| X212.58/137.2200D.TRN01.020 | TRN01 | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2200D.TRN01 must be "1". | 2200D.TRN01 must be "2". | | | |
| X212.58/137.2200D.TRN02.010 | TRN02 | Trace Number | AN | 1-50 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2200D.TRN02 must be present. | 2000D.TRN02 must be present. | | | |
| X212.58/137.2200D.TRN02.020 | TRN02 | | | | | | | 999 | R | IK403 = 5: "Data Element Too Long" | 2200D.TRN02 must be 1-50 characters. | 2000D.TRN02 must be the transmitted value from the associated 276. | | | |
| X212.58/137.2200D.TRN02.030 | TRN02 | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2200D.TRN02 must be populated with accepted AN characters. | | | | |
| X212.58/137.2200D.TRN02.040 | TRN02 | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2200D.TRN02 must contain at least one non-space character. | | | | |
| X212.58/137.2200D.TRN03.010 | TRN03 | Originating Company Identifier | AN | 10-10 | N/U | | | 999 | R | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | Must not be present. | | | |
| X212.58/137.2200D.TRN04.010 | TRN04 | Reference Identifier | AN | 1-50 | N/U | | | 999 | R | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | Must not be present. | | | |

| 276/277 Edit Reference | Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | TA1/ 999/ 277 | 2 7 7 C 6 E R | Disposition / Error Code | Proposed 276 5010 Edits | Outbound Mapping Instructions (Flat file and/or 277) Found Condition | Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition | Triggering Event | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X212.NA/138.2200D.STC.010 | STC | Claim STATUS INFORMATION | | 1 | R | 2200D | | | | | | Claim found: 2200D.STC must be present. | Claim not found: 2200D.STC must be present. | | 5/12: 276 Companion Guide note needed. Part A will be returning claim level status information, but not line level status information. |
| X212.NA/138.2200D.STC.020 | STC | | | | | | | | | | | Claim found: Five iterations of 2200D.STC are allowed. | Claim not found: Five iterations of 2200D.STC are allowed. | | 04/23: Medicare limitation: Up to five iterations of the STC will be allowed for all occurrences in these transactions. |
| X212.NA/138.2200D.STC01.010 | STC01 | HEALTH CARE CLAIM STATUS | | | R | | | | | | | | | | |
| X212.NA/138.2200D.STC01-1.010 | STC01-1 | Health Care Claim Status Category Code | AN | 1-30 | R | | | | | | | Claim found: 2200D.STC01-1 must be present. | Claim not found: 2200D.STC01-1 must be present. | | Valid Health Care Claim Status Code Category reference must be available for this edit. |
| X212.NA/138.2200D.STC01-1.020 | STC01-1 | | | | | | | | | | | Claim found: 2200D.STC01-1 must be any valid Health Care Claim Status Code Category, except "R". | Claim not found: 2200D.STC01-1 must be "A4". | | Valid Health Care Claim Status Code Category reference must be available for this edit. |
| X212.NA/138.2200D.STC01-2.010 | STC01-2 | Health Care Claim Status Code | AN | 1-30 | R | | | | | | | Claim found: 2200D.STC01-2 must be present. | Claim not found: 2200D.STC01-2 must be present. | | |
| X212.NA/138.2200D.STC01-2.020 | STC01-2 | | | | | | | | | | | Claim found: 2200D.STC01-2 must be a valid Claim Status Code. | Claim not found: 2200D.STC01-2 must be "35". | | Valid Claim Status Code reference must be available for this edit. |
| X212.NA/138.2200D.STC01-3.010 | STC01-3 | Entity Identifier Code | ID | 2-3 | S | | | | | | | Claim found: 2200D.STC01-3 must be valid values. | Claim not found: 2200D.STC01-3 must be valid values. | | |
| X212.NA/138.2200D.STC01-4.010 | STC01-4 | Code List Qualifier Code | ID | 1-3 | S | | | | | | | Must not be present. | Must not be present. | | 277: Companion Guide note needed, not used by Medicare FFS |
| X212.NA/138.2200D.STC02.010 | STC02 | Status Information Effective Date | DT | 8-8 | R | | | | | | | Claim found: 2200D.STC02 must be the date the claim moved to the current location status from the internal system, in | Claim not found: 2200D.STC02 must be the current (system) date, in CCYYMMDD format. | | |
| X212.NA/138.2200D.STC03.010 | STC03 | Action Code | ID | 1-2 | N/U | | | | | | | Must not be present. | | | |
| X212.NA/138.2200D.STC04.010 | STC04 | Total Claim Charge Amount | R | 1-18 | S | | | | | | | Claim found: If available, 2200D.STC04 must be the claim charge amount from the internal system. | Claim not found (if the flat file value is zero): 2200D.STC04 must not be present. | | |
| X212.NA/138.2200D.STC05.010 | STC05 | Claim payment Amount | R | 1-18 | S | | | | | | | Claim found: If available, 2200D.STC05 must be the claim payment amount from the internal system. | Claim not found: 2200D.STC05 must not be present. | | |
| X212.NA/138.2200D.STC06.010 | STC06 | Adjudication or Payment Date | DT | 8-8 | S | | | | | | | If available, 2200D.ST06 must be the final adjudication date from the internal system, in CCYYMMDD format. | Claim not found: 2200D.STC06 must not be present. | | |
| X212.NA/138.2200D.STC07.010 | STC07 | Payment Method Code | ID | 3-3 | N/U | | | | | | | Must not be present. | Must not be present. | | |
| X212.NA/138.2200D.STC08.010 | STC08 | Remittance Date | DT | 8-8 | S | | | | | | | Claim found: If available, 2200D.STC08 must be the payment date from the internal system, in CCYYMMDD format. | Claim not found: 2200D.STC07 must not be present. | | |
| X212.NA/138.2200D.STC09.010 | STC09 | Remittance Trace Number | AN | 1-16 | S | | | | | | | Claim found: If available, 2200D.STC09 must be the check or EFT Trace Number from the internal system. | Claim not found: 2200D.STC08 must not be present. | | |
| X212.NA/138.2200D.STC10.010 | STC10 | HEALTH CARE CLAIM STATUS | | | S | | | | | | | | | | |

| 276/277 Edit Reference | Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | TA1/ 999/ 277 | 2 1 7 C 6 E R | Disposition / Error Code | Proposed 276 5010 Edits | Outbound Mapping Instructions (Flat file and/or 277) Found Condition | Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition | Triggering Event | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X212.NA/138.2200D.STC10-1.010 | STC10-1 | Health Care Claim Status Category Code | AN | 1-30 | R | | | | | | | Claim found: 2200D.STC10-1 must be any valid Health Care Claim Status Code Category, except "R". | Claim not found: 2200D.STC10-1 must be any valid Health Care Claim Status Code Category, except "R". | | |
| X212.NA/138.2200D.STC10-2.010 | STC10-2 | Health Care Claim Status Code | AN | 1-30 | R | | | | | | | Claim found: 2200D.STC10-2 must be present. | Claim found: 2200D.STC10-2 must be present. | | |
| X212.NA/138.2200D.STC10-2.020 | STC10-2 | | | | | | | | | | | Claim found: 2200D.STC10-2 must be a valid Claim Status Code. | Claim not found: 2200D.STC10-2 must be a valid Claim Status Code. | | Valid Claim Status Code reference must be available for this edit. |
| X212.NA/138.2200D.STC10-3.010 | STC10-3 | Entity Identifier Code | ID | 2-3 | S | | | | | | | Claim found: 2200D.STC10-3 must be valid values. | Claim not found: 2200D.STC10-3 must be valid values. | | |
| X212.NA/138.2200D.STC10-4.010 | STC10-4 | Code List Qualifier Code | ID | 1-3 | S | | | | | | | Must not be present. | | | 277: Companion Guide note needed, not used by Medicare FFS |
| X212.NA/138.2200D.STC11.010 | STC11 | HEALTH CARE CLAIM STATUS | | | S | | | | | | | | | | |
| X212.NA/138.2200D.STC11-1.010 | STC11-1 | Health Care Claim Status Category Code | AN | 1-30 | R | | | | | | | Claim found: 2200D.STC11-1 must be any valid Health Care Claim Status Code Category, except "R". | Claim not found: 2200D.STC11-1 must be any valid Health Care Claim Status Code Category, except "R". | | Valid Health Care Claim Status Code Category reference must be available for this edit. |
| X212.NA/138.2200D.STC11-2.010 | STC11-2 | Health Care Claim Status Code | AN | 1-30 | R | | | | | | | Claim found: 2200D.STC11-2 must be present. | Claim not found: 2200D.STC11-2 must be present. | | |
| X212.NA/138.2200D.STC11-2.020 | STC11-2 | | | | | | | | | | | Claim found: 2200D.STC11-2 must be a valid Claim Status Code. | Claim not found: 2200D.STC11-2 must be a valid Claim Status Code. | | Valid Claim Status Code reference must be available for this edit. |
| X212.NA/138.2200D.STC11-3.010 | STC11-3 | Entity Identifier Code | ID | 2-3 | S | | | | | | | Claim found: 2200D.STC11-3 must be valid values. | Claim not found: 2200D.STC11-3 must be valid values. | | |
| X212.NA/138.2200D.STC11-4.010 | STC11-4 | Code List Qualifier Code | ID | 1-3 | S | | | | | | | Must not be present. | | | 277: Companion Guide note needed, not used by Medicare FFS |
| X212.NA/138.2200D.STC12.010 | STC12 | Free-Form Message Text | AN | 1-264 | N/U | | | | | | | Must not be present. | | | |
| X212.59/149.2200D.REF.010 | **REF** | **PAYER CLAIM CONTROL NUMBER** | | **1** | S | 2200D | | **999** | **R** | IK304=5: "Segment Exceeds Maximum Use" | **Only 1 iteration of 2200D.REF with REF01 = "IK' is allowed.** | **Claim found: Only 1 iteration of 2200D.REF with REF01 = "IK' is allowed.** | **Claim not found: 2200D.REF with REF01 = "IK' must not be present.** | | |
| X212.59/149.2200D.REF.020 | **REF** | | | | | | | | | | | **Claim found: 2200D.REF must be present when the claim is found in the internal system.** | | | |
| X212.59/149.2200D.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2200D.REF01 must be present. | Claim found: 2200D.REF01 must be present. | | | |
| X212.59/149.2200D.REF01.020 | REF01 | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2200D.REF01 must be "1K". | Claim found: 2200D.REF01 must be "1K". | | | |
| X212.59/149.2200D.REF02.010 | REF02 | Payer Claim Control Number | AN | 1-50 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2200D.REF02 must be present. | Claim found: 2200D.REF02 must be present. | | | |
| X212.59/149.2200D.REF02.020 | REF02 | | | | | | | 277 | T | CSC 464: "Payer Assigned Claim Control Number" CSC 512: "Length invalid for receiver's application system" | For VMS, 2200D.REF02 must be 14 digits. | Claim found: 2000D.REF02 must be the payer claim control number from the internal system. | | | |
| X212.59/149.2200D.REF02.030 | REF02 | | | | | | | 277 | T | CSC 464: "Payer Assigned Claim Control Number" CSC 512: "Length invalid for receiver's application system" | For MCS 2200D.REF02 must be 13 digits. | | | | |

| 276/277 Edit Reference | Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | TA1/ 999/ 277 | 2 1 7 C 6 E R | Disposition / Error Code | Proposed 276 5010 Edits | Outbound Mapping Instructions (Flat file and/or 277) Found Condition | Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition | Triggering Event | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X212.59/149.2200D.REF02.040 | REF02 | | | | | | | 277 | T | CSC 464: "Payer Assigned Claim Control Number" CSC 512: "Length invalid for receiver's application system" | For FISS, 2200D.REF02 must be 14 - 23 characters. | | | | |
| X212.59/149.2200D.REF02.050 | REF02 | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2200D.REF02 must be populated with accepted AN characters. | | | | |
| X212.59/149.2200D.REF02.060 | REF02 | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2200D.REF02 must contain at least one non-space character. | | | | |
| X212.59/149.2200D.REF03.010 | REF03 | Description | AN | 1-80 | N/U | | | 999 | R | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | | | | |
| X212.59/149.2200D.REF04.010 | REF04 | Reference Identifier | | | N/U | | | 999 | R | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | | | | |
| X212.60/150.2200D.REF.010 | REF | **INSTITUTIONAL BILL TYPE IDENTIFICATION** | | 1 | S | 2200D | | 999 | R | IK304=5: "Segment Exceeds Maximum Use" | **Only 1 iteration of 2200D.REF with REF01 = "BLT" is allowed for Part A.** | **Claim found: Only 1 iteration of 2200D.REF with REF01 = "BLT" is allowed.** | **Claim not found: 2200D.REF with REF01 = "BLT" must not be present.** | | 04/30: 276 Companion Guide note needed. FISS will use this info if provided. This segment will not be returned in the 277, except from Part A. |
| X212.60/150.2200D.REF.020 | REF | | | | | | | 277 | C | **For Part B and CEDI the CSCC = E3 and the CSC(1) = 535 & CSC(2) = 228 & CSC(3) =138 and DE98 = MR** | **2200D.REF with REF01 = "BLT" is not allowed for Part B and CEDI.** | **Claim found: 2200D.REF must not be present for non-institutional claims.** | | | For Part B and CEDI only. For Part A Not Applicable |
| X212.60/150.2200D.REF.030 | REF | | | | | | | | | | | **Claim found: 2200D.REF must be present on Part A claims when the internal system value is different than the transmitted value from the associated 276.** | | | |
| X212.60/150.2200D.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2200D.REF01 must be present. | Claim found: 2200D.REF01 must be present. | | | |
| X212.60/150.2200D.REF01.020 | REF01 | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2200.REF01 must be "BLT". | Claim found: 2200.REF01 must be "BLT". | | | |
| X212.60/150.2200D.REF02.010 | REF02 | Bill Type Identifier | AN | 1-50 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2200D.REF02 must be present. | Claim found: 2200D.REF02 must be present. | | | |
| X212.60/150.2200D.REF02.020 | REF02 | | | | | | | 277 | C | CSC = 228: "Type of bill for UB claim" | The first two positions of 2200D.REF02 must be a valid Facility Type Code and the third position must contain a valid Claim Frequency Code. | Claim found: 2200D.REF02 must be the concatenated value of the Facility Type Code and Claim Frequency Code from the internal system. | | | |
| X212.60/150.2200D.REF03.010 | REF03 | Description | AN | 1-80 | N/U | | | 999 | R | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | Must not be present. | | | |
| X212.60/150.2200D.REF04.010 | REF04 | Reference Identifier | | | N/U | | | 999 | R | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | Must not be present. | | | |
| X212.61/NA.2200D.REF.010 | REF | **APPLICATION OR LOCATION SYSTEM IDENTIFIER** | | 1 | S | 2200D | | 999 | R | IK304=5: "Segment Exceeds Maximum Use" | **Only 1 iteration of 2200D.REF with REF01 = "LU" is allowed.** | | | | |
| X212.61/NA.2200D.REF.020 | REF | | | | | | | 277 | C | CSCC:E4 "Trading partner agreement specific requirement not met: Data correction required" and CSC = 560 "Entity's Additional/Secondary Identifier" and DE98 = QC - Patient | **For VA, 2200D.REF with REF01 = "LU" must be present.** | | | | |
| X212.61/NA.2200D.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2200D.REF01 must be present. | | | | |
| X212.61/NA.2200D.REF01.020 | REF01 | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2200D.REF01 must be "LU". | | | | |

| 276/277 Edit Reference | Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | TA1/ 999/ 277 | 2 1 7 C 6 E R | Disposition / Error Code | Proposed 276 5010 Edits | Outbound Mapping Instructions (Flat file and/or 277) Found Condition | Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition | Triggering Event | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X212.61/NA.2200D.REF02.010 | REF02 | Application or Location System Identifier | AN | 1-50 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2200D.REF02 must be present. | | | | |
| X212.61/NA.2200D.REF02.020 | REF02 | | | | | | | 999 | R | IK403 = 5: "Data Element Too Long" | For everyone except VA, 2200D.REF02 must be 1-50 characters. | | | | 04/21: Noted as a non-VA edit. |
| X212.61/NA.2200D.REF02.030 | REF02 | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | For everyone except VA, 2200D.REF02 must contain at least two non-space characters. | | | | 04/21: Noted as a non-VA edit. |
| X212.61/NA.2200D.REF02.040 | REF02 | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | For everyone except VA, 2200D.REF02 must be populated with accepted AN characters. | | | | 04/21: Noted as a non-VA edit. |
| X212.61/NA.2200D.REF02.050 | REF02 | | | | | | | 277 | C | CSCC:E4 "Trading partner agreement specific requirement not met: Data correction required" and CSC = 560 "Entity's Additional/Secondary Identifier" and DE98 = QC - Patient | For VA, 2200.REF02 must be a code authorized by the VA. | | | | |
| X212.61/NA.2200D.REF03.010 | REF03 | Description | AN | 1-80 | N/U | | | 999 | R | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | | | | |
| X212.61/NA.2200D.REF04.010 | REF04 | Reference Identifier | | | N/U | | | 999 | R | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | | | | |
| X212.62/NA.2200D.REF.010 | REF | GROUP NUMBER | | 1 | S | 2200D | | 999 | R | IK304=5: "Segment Exceeds Maximum Use" | Only 1 iteration of 2200D.REF with REF01 = "6P" is allowed. | | | | |
| X212.62/NA.2200D.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2200D.REF01 must be present. | | | | |
| X212.62/NA.2200D.REF01.020 | REF01 | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2200.REF01 must be "6P". | | | | |
| X212.62/NA.2200D.REF02.010 | REF02 | Group Number | AN | 1-50 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2200D.REF02 must be present. | | | | |
| X212.62/NA.2200D.REF02.020 | REF02 | | | | | | | 999 | R | IK403 = 5: "Data Element Too Long" | 2200D.REF02 must be 1-50 characters. | | | | |
| X212.62/NA.2200D.REF02.030 | REF02 | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2200D.REF02 must contain at least two non-space characters. | | | | |
| X212.62/NA.2200D.REF02.040 | REF02 | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2200D.REF02 must be populated with accepted AN characters. | | | | |
| X212.62/NA.2200D.REF03.010 | REF03 | Description | AN | 1-80 | N/U | | | 999 | R | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | | | | |
| X212.62/NA.2200D.REF04.010 | REF04 | Reference Identifier | | | N/U | | | 999 | R | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | | | | |
| X212.63/151.2200D.REF.010 | REF | PATIENT CONTROL NUMBER | | 1 | S | 2200D | | 999 | R | IK304=5: "Segment Exceeds Maximum Use" | Only 1 iteration of 2200D.REF with REF01 = "EJ" is allowed. | Only 1 iteration of 2200D.REF with REF01 = "EJ" is allowed. | | | |
| X212.63/151.2200D..010 | | | | | | | | | | | | 2200D.REF with REF01 = "EJ" must be present when the Patient Control Number was transmitted on the associated 276 or when available in the internal system. | | | |
| X212.63/151.2200D.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2200D.REF01 must be present. | 2200D.REF01 must be present. | | | |
| X212.63/151.2200D.REF01.020 | REF01 | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2200D.REF01 must be "EJ". | 2200.REF01 must be "EJ". | | | |
| X212.63/151.2200D.REF02.010 | REF02 | Patient Account Number | AN | 1-50 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2200D.REF02 must be present. | 2200D.REF02 must be present. | | | |

| 276/277 Edit Reference | Element Identifier | Description | ID | Min. | Max. | Usage Reg. | Loop | Loop Repeat | TA1/999/277 | 2 1 7 C 6 E R | Disposition / Error Code | Proposed 276 5010 Edits | Outbound Mapping Instructions (Flat file and/or 277) Found Condition | Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition | Triggering Event | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X212.63/151.2200D.REF02.020 | REF02 | | | | | | | | 999 | R | IK403 = 5: "Data Element Too Long" | 2200D.REF02 must be 1-20 characters. | 2200D.REF02 must be the transmitted value from the associated 276. If not transmitted from the 276 and claim found, must be the patient account number from the internal system. | | | 8/12/2014. This edit now limits the maximum characters to be 20, instead of 50. While the ASC X12 standard permits 50, the TR3 note limits the number to 20. This edit now complies with the TR3. |
| X212.63/151.2200D.REF02.030 | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2200D.REF02 must contain at least two non-space characters. | | | | |
| X212.63/151.2200D.REF02.040 | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2200D.REF02 must be populated with accepted AN characters. | | | | |
| X212.63/151.2200D.REF03.010 | REF03 | Description | AN | 1 | 80 | N/U | | | 999 | R | IK403 = I10: "Implementation 'Not Used' Element Present" | Must not be present. | Must not be present. | | | |
| X212.63/151.2200D.REF04.010 | REF04 | Reference Identifier | | | | N/U | | | 999 | R | IK403 = I10: "Implementation 'Not Used' Element Present" | Must not be present. | Must not be present. | | | |
| X212.64/152.2200D.REF.010 | REF | **PHARMACY PRESCRIPTION NUMBER** | | 1 | | S | 2200D | | 999 | R | IK304=5: "Segment Exceeds Maximum Use" | **Only 1 iteration of 2200D.REF with REF01 = "XZ" is allowed.** | **Only 1 iteration of 2200D.REF with REF01 = "XZ" is allowed.** | | | |
| X212.64/152.2200D..010 | | | | | | | | | | | | | **2200D.REF with REF01 = "XZ" must be present when the Pharmacy Prescription Number was transmitted on the associated 276 or when available in the internal system.** | | | |
| X212.64/152.2200D.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2 | 3 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2200D.REF01 must be present. | 2200D.REF01 must be present. | | | |
| X212.64/152.2200D.REF01.020 | REF01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2200D.REF01 must be "XZ". | 2200.REF01 must be "XZ". | | | |
| X212.64/152.2200D.REF02.010 | REF02 | Pharmacy Prescription Number | AN | 1 | 50 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2200D.REF02 must be present. | 2200D.REF02 must be present. | | | |
| X212.64/152.2200D.REF02.020 | REF02 | | | | | | | | 999 | R | IK403 = 5: "Data Element Too Long" | 2200D.REF02 must be 1-50 characters. | 2200D.REF02 must be the transmitted value from the associated 276. If not transmitted from the 276, must be the pharmacy prescription number from the internal system. | | | |
| X212.64/152.2200D.REF02.030 | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2200D.REF02 must contain at least two non-space characters. | | | | |
| X212.64/152.2200D.REF02.040 | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2200D.REF02 must be populated with accepted AN characters. | | | | |
| X212.64/152.2200D.REF03.010 | REF03 | Description | AN | 1 | 80 | N/U | | | 999 | R | IK403 = I10: "Implementation 'Not Used' Element Present" | Must not be present. | | | | |
| X212.64/152.2200D.REF04.010 | REF04 | Reference Identifier | | | | N/U | | | 999 | R | IK403 = I10: "Implementation 'Not Used' Element Present" | Must not be present. | | | | |
| X212.NA/153.2200D.REF.010 | REF | **VOUCHER IDENTIFIER** | | 1 | | S | 2200D | | | | | | **2200D.REF with REF01 = "VV" must not be present.** | | | 07/02: 277 Companion Guide note needed, this segment not used by Medicare FFS. |
| X212.NA/153.2200D.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2 | 3 | R | | | | | | | | | | |
| X212.NA/153.2200D.REF02.010 | REF02 | Voucher Identifier | AN | 1 | 50 | R | | | | | | | | | | |
| X212.NA/153.2200D.REF03.010 | REF03 | Description | AN | 1 | 80 | N/U | | | | | | | | | | |
| X212.NA/153.2200D.REF04.010 | REF04 | Reference Identifier | | | | N/U | | | | | | | | | | |

| 276/277 Edit Reference | Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | TA1/ 999/ 277 | 2 1 7 C 6 E R | Disposition / Error Code | Proposed 276 5010 Edits | Outbound Mapping Instructions (Flat file and/or 277) Found Condition | Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition | Triggering Event | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X212.65/154.2200D.REF.010 | REF | CLAIM ID FOR CLEARINGHOUSES AND OTHER TRANSMISSION INTERMEDIARIES | | 1 | S | 2200D | | 999 | R | IK304=5: "Segment Exceeds Maximum Use" | Only 1 iteration of 2200D.REF with REF01 = "D9' is allowed. | Only 1 iteration of 2200D.REF with REF01 = "D9' is allowed. | | | |
| X212.65/154.2200D.REF.020 | REF | | | | | | | | | | | 2200D.REF with REF01 = "D9' must be present when Clearinghouse Trace number was transmitted on the associated 276. | | | |
| X212.65/154.2200D.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2200D.REF01 must be present. | 2200D.REF01 must be present. | | | |
| X212.65/154.2200D.REF01.020 | REF01 | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2200D.REF01 must be "D9". | 2200.REF01 must be "D9". | | | |
| X212.65/154.2200D.REF02.010 | REF02 | Clearinghouse Trace Number | AN | 1-50 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2200D.REF02 must be present. | 2200D.REF02 must be present. | | | |
| X212.65/154.2200D.REF02.020 | REF02 | | | | | | | 999 | R | IK403 = 5: "Data Element Too Long" | 2200D.REF02 must be 1-50 characters. | 2200D.REF02 must be the transmitted value from the associated 276. | | | |
| X212.65/154.2200D.REF02.030 | REF02 | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2200D.REF02 must contain at least two non-space characters. | | | | |
| X212.65/154.2200D.REF02.040 | REF02 | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2200D.REF02 must be populated with accepted AN characters. | | | | |
| X212.65/154.2200D.REF03.010 | REF03 | Description | AN | 1-80 | N/U | | | 999 | R | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | | | | |
| X212.65/154.2200D.REF04.010 | REF04 | Reference Identifier | | | N/U | | | 999 | R | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | | | | |
| X212.66/NA.2200D.AMT.010 | AMT | CLAIM SUBMITTED CHARGES | | 1 | S | 2200D | | 999 | R | IK304=5: "Segment Exceeds Maximum Use" | Only 1 iteration of 2200D.AMT with AMT01 = "T3' is allowed. | | | | |
| X212.66/NA.2200D.AMT01.010 | AMT01 | Amount Qualifier Code | ID | 1-3 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2200D.REF01 must be present. | | | | |
| X212.66/NA.2200D.AMT01.020 | AMT01 | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2200D.REF01 must be "T3". | | | | |
| X212.66/NA.2200D.AMT02.010 | AMT02 | Total Claim Charge Amount | R | 1-18 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2200D.AMT02 must be present. | | | | |
| X212.66/NA.2200D.AMT02.020 | AMT02 | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2200D.AMT02 must be numeric | | | | |
| X212.66/NA.2200D.AMT02.030 | AMT02 | | | | | | | 277 | T | CSC = 178: "Submitted charges" | 2200D.AMT02 must be <= 99,999,999.99. | | | | |
| X212.66/NA.2200D.AMT03.010 | AMT03 | Credit/Debit Flag Code | ID | 1-1 | N/U | | | 999 | R | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | | | | |
| X212.67/155.2200D.DTP.010 | DTP | CLAIM SERVICE DATE | | 1 | S | 2200D | | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | For institutional claims, 2200D.DTP with DTP01 = "472" must be present. | For Part A, 2200D.DTP with DTP01 = "472" must be present. | | | 05/05: 276 Companion guide note needed - will only use a date submitted here for searching, will not use a date submitted in 2210D for the search. |
| X212.67/155.2200D.DTP.020 | DTP | | | | | | | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | For professional claims, 2200D.DTP with DTP01 = "472" must be present when 2210D.DTP with DTP01 = "472" is not present. | For professional claims, 2200D.DTP with DTP01 = "472" must be present when 2210D.DTP with DTP01 = "472" is not present. | | | |
| X212.67/155.2200D.DTP.030 | DTP | | | | | | | 999 | R | IK304=5: "Segment Exceeds Maximum Use" | Only one iteration of 2200D.DTP with DTP01 = "472" is allowed. | Only one iteration of 2200D.DTP with DTP01 = "472" is allowed. | | | |
| X212.67/155.2200D.DTP01.010 | DTP01 | Date Time Qualifier | ID | 3-3 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2200D..DTP01 must be present. | 2200D..DTP01 must be present. | | | |
| X212.67/155.2200D.DTP01.020 | DTP01 | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2200D.DTP01 must be "472". | 2200D.DTP01 must be "472". | | | |
| X212.67/155.2200D.DTP02.010 | DTP02 | Date Time Period Format Qualifier | ID | 2-3 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2200D.DTP02 must be present. | 2200D.DTP02 must be present. | | | |

| 276/277 Edit Reference | Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | TA1/ 999/ 277 | Z 1 7 C 6 E R | Disposition / Error Code | Proposed 276 5010 Edits | Outbound Mapping Instructions (Flat file and/or 277) Found Condition | Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition | Triggering Event | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X212.67/155.2200D.DTP02.020 | DTP02 | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2200D.DTP02 must be valid values. | 2200D.DTP02 must be the transmitted value from the associated 276. | | | |
| X212.67/155.2200D.DTP03.010 | DTP03 | Claim Service Period | AN | 1-35 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2200D.DTP03 must be present. | 2200D.DTP03 must be present. | | | |
| X212.67/155.2200D.DTP03.020 | DTP03 | | | | | | | 999 | R | IK403 = 8: "Invalid Date" | If 2200D.DTP02 = "D8" then 2200D.DTP03 must be a valid date in CCYYMMDD format. | 2200D.DTP03 must be the transmitted value from the associated 276. | | | |
| X212.67/155.2200D.DTP03.030 | DTP03 | | | | | | | 999 | R | IK403 = 8: "Invalid Date" | If 2200D.DTP02 = "RD8" then 220D.DTP03 must be a valid date in CCYYMMDD-CCYYMMDD format. | | | | |
| X212.67/155.2200D.DTP03.040 | DTP03 | | | | | | | 277 | C | CSC 187: "Date(s) of service" | If 2200D.DTP02 = "RD8" then the 2nd date listed in 2200.DTP03 must be >= the 1st date listed in 2200.DTP03. | | | | |
| X212.69/157.2210D.SSL Loop.010 | SSL Loop | Subscriber Service Line Loop | | | | 2210D | >1 | 277 | | CSCC = E4 "Trading partner agreement specific requirement not met: Data correction required: CSC = 247: "Line Information" | | **Claim found: Part A: do not create the 2220D loop. Otherwise: Create the 2220D loop for each service line.** | **Claim not found: Part A: does not perform line level 276 editing and will therefore also never return line level 276 errors in a 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 2220D loop for each service line.** | | **Note: This loop is 2210D in the 276 and 2220D in the 277.** **Note: The appropriate Part A (Claim Level Only Processing = E4 Cat & 247 - Claim Status Code to indicate only claim level processing to occur.** |
| X212.69/157.2210D.SVC.010 | SVC | **SERVICE LINE INFORMATION** | | 1 | S | 2210D | 1 | 999 | R | CSC: 504" Entity's Last Name " | **One iteration of 2210D.SVC is allowed per 2210D loop.** | **Claim found: One iteration of 2220D.SVC is allowed per 2220D loop.** | **Claim not found: One iteration of 2220D.SVC is allowed per 2220D loop.** | | |
| X212.69/157.2210D.SVC.020 | **SVC** | | | | | | | | | | | **Claim found: 2220D.SVC must be present for each service line for which status is being transmitted.** | **Claim not found: If the 276 did contain line info, 2220D.SVC must be present for each service line for which status is being transmitted.** | | |
| X212.69/157.2210D.SVC01.010 | SVC01 | Composite Medical Procedure Identifier | | | R | | | | | | | | | | |
| X212.69/157.2210D.SVC01-1.010 | SVC01-1 | Product/Service ID Qualifier | ID | 2-2 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2210D.SVC01-1 must be present. | Claim found: 2220D.SVC01-1 must be present. | Claim not found: 2220D.SVC01-1 must be present. | | |
| X212.69/157.2210D.SVC01-1.020 | SVC01-1 | | | | | | | 277 | C | CSCC = E0:"Response not possible - error on submitted request data" CSC = 745: "Identifier Qualifier" CSC = 455: "Revenue code for services rendered: | For Part A, 2210D.SVC01-1 must be 'HC', "HP", or NU". | Claim found: 2220D.SVC01-1 must be the transmitted value from the associated 276. | Claim not found: 2220D.SVC01-1 must be the transmitted value from the associated 276. | | 05/05: 276 Companion Guide note needed. |

| 276/277 Edit Reference | Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | TA1/ 999/ 277 | 2 1 7 C 7 C 6 E R | Disposition / Error Code | Proposed 276 5010 Edits | Outbound Mapping Instructions (Flat file and/or 277) Found Condition | Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition | Triggering Event | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X212.69/157.2210D.SVC01-1.030 | SVC01-1 | | | | | | | 277 | C | CSCC = E0:":Response not possible - error on submitted request data" CSC = 745: "Identifier Qualifier" 454 CSC "Procedure code for services rendered: | For Part B, 2210D.SVC01-1 must be 'HC'. | | | | 05/05: Revised edit. Changed to 277 error code. 276 Companion Guide note needed. Needs group confirmation. |
| X212.69/157.2210D.SVC01-1.040 | SVC01-1 | | | | | | | 277 | C | CSCC = E0:":Response not possible - error on submitted request data" CSC = 745: "Identifier Qualifier" CSC = 454: "Procedure code for services rendered: (CEDI ONLY For Drugs: CSC = 218:"NDC Number" instead of CSC = 454) | For CEDI, 2210D.SVC01-1 must be 'HC' or "N4". | | | | 05/05: 276 Companion Guide note needed. Needs group confirmation. |
| X212.69/157.2210D.SVC01-2.010 | SVC01-2 | Procedure Code | AN | 1-48 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2210D.SVC01-2 must be present. | Claim found: 2220D.SVC01-2 must be present. | Claim not found: 2220D.SVC01-2 must be present. | | |
| X212.69/157.2210D.SVC01-2.020 | SVC01-2 | | | | | | | 277 | C | CSC 507: "HCPCS" | When 2210D.SVC01-1 = "HC", 2210D.SVC01-2 must be a valid HCPCS Code. | Claim found: 2220D.SVC01-2 must be the procedure code used to adjudicate the claim (from the internal system) | Claim not found: 2220D.SVC01-2 must be the transmitted value from the associated 276. | | 276: Valid HCPCS reference must be available for this edit. |
| X212.69/157.2210D.SVC01-2.030 | SVC01-2 | | | | | | | 277 | C | CSC = 513: "HIPPS Rate Code for services Rendered" | When 2210D.SVC01-1 = "HP", 2210D.SVC01-2 must be a valid HIPPS Skilled Nursing Facility Rate Code. | | | | 276: Valid HIPPS Code reference must be available for this edit. FISS Edit |
| X212.69/157.2210D.SVC01-2.040 | SVC01-2 | | | | | | | 277 | C | CSC 454: "Procedure code for services rendered." | When 2210D.SVC01-1 = "NU", 2210D.SVC01-2 must be a valid National Uniform Billing Committee (NUBC) UB92 Code. | | | | 276: Valid National Uniform Billing Committee (NUBC) UB92 Codes reference must be available for this edit. FISS Edit |
| X212.69/157.2210D.SVC01-2.050 | SVC01-2 | | | | | | | 277 | T | CSC = 218: "NDC number" | When 2210D.SVC01-1 = "N4", 2210D.SVC01-2 must be 1 - 11 digits. | | | | DME/CEDI Edit only. |
| X212.69/157.2210D.SVC01-3.010 | SVC01-3 | Procedure Modifier | AN | 2-2 | S | | | 277 | C | CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered" | 2210D.SVC01-3 must be valid procedure modifier. | Claim found: If applicable, 2220D.SVC01-3 must be the first procedure modifier used to adjudicate the claim (from the internal system) | Claim not found: 2220D.SVC01-3 must be the transmitted value from the associated 276. | | 276: Valid Procedure Code Modifier reference must be available for this edit. 05/12: This edit will be simpler than the claim side because the data is not used in the search or in the 277; no validation of modifier to procedure code or date of service. |
| X212.69/157.2210D.SVC01-4.010 | SVC01-4 | Procedure Modifier | AN | 2-2 | S | | | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" | If 2210D.SVC01-4 is present, 2210D.SVC01-3 must be present. | Claim found: If 2220D.SVC01-4 is present, 2220D.SVC01-3 must be present. | Claim not found: If 2220D.SVC01-4 is present, 2220D.SVC01-3 must be present. | | |

| 276/277 Edit Reference | Element Identifier | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | TA1/ 999/ 277 | 277 CER | Disposition / Error Code | Proposed 276 5010 Edits | Outbound Mapping Instructions (Flat file and/or 277) Found Condition | Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition | Triggering Event | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X212.69/157.2210D.SVC01-4.020 | SVC01-4 | | | | | | | 277 | C | CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered" | 2210D.SVC01-4 must be valid procedure modifier. | Claim found: If applicable, 2220D.SVC01-4 must be the second procedure modifier used to adjudicate the claim (from the internal | Claim not found: 2220D.SVC01-4 must be the transmitted value from the associated 276. | | 276: Valid Procedure Code Modifier reference must be available for this edit. |
| X212.69/157.2210D.SVC01-5.010 | SVC01-5 | Procedure Modifier | AN | 2-2 | S | | | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" | If 2210D.SVC01-5 is present, 2210D.SVC01-4 must be present. | If 2220D.SVC01-5 is present, 2220D.SVC01-4 must be present. | If 2220D.SVC01-5 is present, 2220D.SVC01-4 must be present. | | |
| X212.69/157.2210D.SVC01-5.020 | SVC01-5 | | | | | | | 277 | C | CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered" | 2210D.SVC01-5 must be valid procedure modifier. | Claim found: If applicable, 2220D.SVC01-5 must be the third procedure modifier used to adjudicate the claim (from the internal | Claim not found: 2220D.SVC01-5 must be the transmitted value from the associated 276. | | 276: Valid Procedure Code Modifier reference must be available for this edit. |
| X212.69/157.2210D.SVC01-6.010 | SVC01-6 | Procedure Modifier | AN | 2-2 | S | | | 999 | R | IK403 = 2 "Conditional Required Data Element Missing" | If 2210D.SVC01-6 is present, 2210D.SVC01-5 must be present. | If 2220D.SVC01-6 is present, 2220D.SVC01-5 must be present. | If 2220D.SVC01-6 is present, 2220D.SVC01-5 must be present. | | |
| X212.69/157.2210D.SVC01-6.020 | SVC01-6 | | | | | | | 277 | C | CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered" | 2210D.SVC01-6 must be valid procedure modifier. | Claim found: If applicable, 2220D.SVC01-6 must be the third procedure modifier used to adjudicate the claim (from the internal | Claim not found: 2220D.SVC01-6 must be the transmitted value from the associated 276. | | 276: Valid Procedure Code Modifier reference must be available for this edit. |
| X212.69/157.2210D.SVC01-7.010 | SVC01-7 | Description | AN | 1-80 | N/U | | | 999 | R | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | Must not be present. | | | |
| X212.69/157.2210D.SVC01-8.010 | SVC01-8 | Product Service ID | AN | 1-48 | N/U | | | 999 | R | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | Must not be present. | | | |
| X212.69/157.2210D.SVC02.010 | SVC02 | Line Item Charge Amount | R | 1-18 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2210D.SVC02 must be present. | Claim found: 2220D.SVC02 must be present. | Claim not found: 2220D.SVC02 must be present. | | Valid NUBC reference must be available for this edit. |
| X212.69/157.2210D.SVC02.020 | SVC02 | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2210D.SVC02 must be numeric. | Claim found: 2220D.SVC02 must be the line charge amount from the internal system. | 2220D.SVC02 must be the transmitted value from the associated 276. | | |
| X212.69/157.2210D.SVC02.030 | SVC02 | | | | | | | 277 | T | CSCC = E4 "Trading partner agreement specific requirement not met: Data correction required CSC = 583: "Line Item Charge Amount" | 2200D.SVC02 must be <= 99,999,999.99. | | | | Medicare specific limitation. 276 Companion Guide note needed. |
| X212.69/157.2210D.SVC02.040 | SVC02 | | | | | | | 277 | T | CSCC = E4 "Trading partner agreement specific requirement not met: Data correction required CSC = 583: "Line Item Charge Amount" CSC = 402:"Amount must be greater than zero" | 2210D.SVC02 must be >= 0 | | | | |
| X212.69/157.2210D.SVC03.010 | SVC03 | Line Item Payment Amount | R | 1-18 | R | | | 999 | R | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | Claim found: 2220D.SVC03 must be present. | Claim not found: 2220D.SVC03 must be present. | | |
| X212.69/157.2210D.SVC03.020 | SVC03 | | | | | | | | | | | Claim found: 2220D.SVC03 must be the line payment amount from the internal system. | Claim not found: 2220D.SVC03 must be zero. | | |
| X212.69/157.2210D.SVC04.010 | SVC04 | Revenue Code | AN | 1-48 | S | | | 999 | R | IK403 = 1: "Required Data Element Missing" | If 2210D.SVC01-2 is present then SVC04 may be present. | Claim found: If 2220D.SVC01-2 is present then SVC04 may be present. | Claim not found: If 2220D.SVC01-2 is present then SVC04 may be | | |
| X212.69/157.2210D.SVC04.020 | SVC04 | | | | | | | 277 | C | CSC 507: "National Uniform Billing Committee (NUBC) UB92 Codes" | 2210D.SVC04 must be a valid NUBC Code. | Claim found: If applicable, 2220D.SVC04 must be the Revenue Code from the internal system, used in addition to the listed Procedure Code. | Claim not found: 2220D.SVC04 must be the transmitted value from the associated 276. | | 276: Valid NUBC reference must be available for this edit. FISS Edit |
| X212.69/157.2210D.SVC05.010 | SVC05 | Quantity | R | 1-15 | N/U | | | 999 | R | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | | | | |

| 276/277 Edit Reference | Element Identifier | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | TA1/ 999/ 277 | 2 T 7 C 6 E R | Disposition / Error Code | Proposed 276 5010 Edits | Outbound Mapping Instructions (Flat file and/or 277) Found Condition | Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition | Triggering Event | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X212.69/157.2210D.SVC06.010 | SVC06 | Composite Medical Procedure Identifier | | | N/U | | | 999 | R | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | | | | |
| X212.69/157.2210D.SVC07.010 | SVC07 | Units of Service Count | R | 1-15 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2210D.SVC07 must be present. | Claim found: 2220D.SVC07 must be present. | Claim not found: 2220D.SVC07 must be present. | | |
| X212.69/157.2210D.SVC07.020 | SVC07 | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2210D.SVC07 must be numeric. | Claim found: 2220D.SVC07 must be Units from the internal system. | Claim not found: 2220D.SVC07 must be the transmitted value from the associated 276. | | |
| X212.NA/161.2220D.STC.010 | **STC** | **Service Line STATUS INFORMATION** | | 1 | R | 2220D | | | | | | **Line found: 2220D.STC must be present.** | **Line not found: 2220D.STC must be present.** | | 5/12: 276 Companion Guide note needed. Part A will be returning claim level status information, but not line level status information. |
| X212.NA/161.2220D.STC.020 | **STC** | | | | | | | | | | | **Line found: Five iterations of 2220D.STC are allowed.** | **Line not found: Five iterations of 2220D.STC are allowed.** | | 04/23: Medicare limitation: Up to five iterations of the STC will be allowed for all occurrences in these transactions. |
| X212.NA/161.2220D.STC01.010 | STC01 | HEALTH CARE CLAIM STATUS | | | R | | | | | | | Line found: 2220D.STC01-1 must be present. | Line not found: 2220D.STC01-1 must be present. | | |
| X212.NA/161.2220D.STC01-1.010 | STC01-1 | Health Care Claim Status Category Code | AN | 1-30 | R | | | | | | | Line found: 2220D.STC01-1 must be any valid Health Care Claim Status Code Category, except "R". | Line not found: 2220D.STC01-1 must be "A4". | | Valid Health Care Claim Status Code Category reference must be available for this edit. |
| X212.NA/161.2220D.STC01-2.010 | STC01-2 | Health Care Claim Status Code | AN | 1-30 | R | | | | | | | Line found: 2220D.STC01-2 must be present. | Line not found: 2220D.STC01-2 must be present. | | |
| X212.NA/161.2220D.STC01-2.020 | STC01-2 | | | | | | | | | | | Line found: PART A: 2220D.STC01-2 must be "247". Otherwise, 2220D.STC01-2 must be a valid Claim Status Code. | Line not found: PART A: 2220D.STC01-2 must be "247". PARTB & CEDI: 2220D.STC01-2 must be "35". | | Valid Claim Status Code reference must be available for this edit. |
| X212.NA/161.2220D.STC01-3.010 | STC01-3 | Entity Identifier Code | ID | 2-3 | S | | | | | | | Line found: 2200D.STC01-3 must be valid values. | Line not found: 2220D.STC01-3 must be valid values. | | |
| X212.NA/161.2220D.STC01-4.010 | STC01-4 | Code List Qualifier Code | ID | 1-3 | S | | | | | | | Must not be present. | Must not be present. | | 277: Companion Guide note needed, not used by Medicare. |
| X212.NA/161.2220D.STC02.010 | STC02 | Status Information Effective Date | DT | 8-8 | R | | | | | | | Line found: 2220D.STC02 must be the date the claim moved to the current location status from the internal system, in CCYYMMDD format. | Line not found: 2220D.STC02 must be the current (system) date, in CCYYMMDD format. | | |
| X212.NA/161.2220D.STC03.010 | STC03 | Action Code | ID | 1-2 | N/U | | | | | | | Must not be present. | | | |
| X212.NA/161.2220D.STC04.010 | STC04 | Monetary Amount | R | 1-18 | N/U | | | | | | | Must not be present. | | | |
| X212.NA/161.2220D.STC05.010 | STC05 | Monetary Amount | R | 1-18 | N/U | | | | | | | Must not be present. | | | |
| X212.NA/161.2220D.STC06.010 | STC06 | Date | DT | 8-8 | N/U | | | | | | | Must not be present. | | | |
| X212.NA/161.2220D.STC07.010 | STC07 | Payment Method Code | ID | 3-3 | N/U | | | | | | | Must not be present. | | | |
| X212.NA/161.2220D.STC08.010 | STC08 | Date | DT | 8-8 | N/U | | | | | | | Must not be present. | | | |
| X212.NA/161.2220D.STC09.010 | STC09 | Check Number | AN | 1-16 | N/U | | | | | | | Must not be present. | | | |
| X212.NA/161.2220D.STC10.010 | STC10 | HEALTH CARE CLAIM STATUS | | | S | | | | | | | | | | |
| X212.NA/161.2220D.STC10-1.010 | STC10-1 | Health Care Claim Status Category Code | AN | 1-30 | R | | | | | | | Line found: 2220D.STC10-1 must be any valid Health Care Claim Status Code Category, except "R". | Line not found: 2220D.STC10-1 must be any valid Health Care Claim Status Code Category, except "R". | | Valid Health Care Claim Status Code Category reference must be available for this edit. |

| 276/277 Edit Reference | Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | TA1/ 999/ 277 | 277 C 6 E R | Disposition / Error Code | Proposed 276 5010 Edits | Outbound Mapping Instructions (Flat file and/or 277) Found Condition | Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition | Triggering Event | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X212.NA/161.2220D.STC10-2.010 | STC10-2 | Health Care Claim Status Code | AN | 1-30 | R | | | | | | | Line found: 2220D.STC10-2 must be present. | Line found: 2220D.STC10-2 must be present. | | |
| X212.NA/161.2220D.STC10-2.020 | STC10-2 | | | | | | | | | | | Line found: 2220D.STC10-2 must be a valid Claim Status Code. | Line not found: 2220D.STC10-2 must be a valid Claim Status Code. | | Valid Claim Status Code reference must be available for this edit. |
| X212.NA/161.2220D.STC10-3.010 | STC10-3 | Entity Identifier Code | ID | 2-3 | S | | | | | | | Line found: 2220D.STC10-3 must be valid values. | 2220D.STC10-3 must be valid values. | | |
| X212.NA/161.2220D.STC10-4.010 | STC10-4 | Code List Qualifier Code | ID | 1-3 | S | | | | | | | | | | 277: Companion Guide note needed, not used by Medicare. |
| X212.NA/161.2220D.STC11.010 | STC11 | HEALTH CARE CLAIM STATUS | | | S | | | | | | | | | | |
| X212.NA/161.2220D.STC11-1.010 | STC11-1 | Health Care Claim Status Category Code | AN | 1-30 | R | | | | | | | Line found: 2220D.STC11-1 must be any valid Health Care Claim Status Code Category, except "R". | Line not found: 2220D.STC11-1 must be any valid Health Care Claim Status Code Category, except "R". | | Valid Health Care Claim Status Code Category reference must be available for this edit. |
| X212.NA/161.2220D.STC11-2.010 | STC11-2 | Health Care Claim Status Code | AN | 1-30 | R | | | | | | | Line found: 2220D.STC11-2 must be present. | Line not found: 2220D.STC11-2 must be present. | | |
| X212.NA/161.2220D.STC11-2.020 | STC11-2 | | | | | | | | | | | Line found: 2220D.STC11-2 must be a valid Claim Status Code. | Line not found: 2220D.STC11-2 must be a valid Claim Status Code. | | Valid Claim Status Code reference must be available for this edit. |
| X212.NA/161.2220D.STC11-3.010 | STC11-3 | Entity Identifier Code | ID | 2-3 | S | | | | | | | Line found: 2220D.STC11-3 must be valid values. | Line not found: 2220D.STC11-3 must be valid values. | | |
| X212.NA/161.2220D.STC11-4.010 | STC11-4 | Code List Qualifier Code | ID | 1-3 | S | | | | | | | | | | 277: Companion Guide note needed, not used by Medicare. |
| X212.NA/161.2220D.STC12.010 | STC12 | Free-Form Message Text | AN | 1-264 | N/U | | | | | | | | | | |
| X212.73/171.2210D.REF.010 | REF | SERVICE LINE ITEM IDENTIFICATION | | 1 | S | 2210D | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only 1 iteration of 2210D.REF with REF01 = "FJ" is allowed. | Only 1 iteration of 2220D.REF with REF01 = "FJ" is allowed. | | | |
| X212.73/171.2210D..010 | | | | | | | | | | | | | 2220D.REF with REF01 = "FJ" must be present when Line Item Control number was transmitted on the associated 276 and service level status is being returned. | | |
| X212.73/171.2210D.REF01.010 | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2210D.REF01 must be present. | 2220D.REF01 must be present. | | | |
| X212.73/171.2210D.REF01.020 | REF01 | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2210DREF01 must be "FJ". | 2220DREF01 must be "FJ". | | | |
| X212.73/171.2210D.REF02.010 | REF02 | Line Item Control Number | AN | 1-50 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2210D.REF02 must be present. | 2220D.REF02 must be present. | | | |
| X212.73/171.2210D.REF02.020 | REF02 | | | | | | | 277 | C | CSC 584: "Line Item Control Number" | 2210D.REF02 must be 1 - 50 characters. | 2220D.REF02 must be the transmitted value from the associated 276. | | | |
| X212.73/171.2210D.REF02.030 | REF02 | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2210D.REF02 must be populated with accepted AN characters. | | | | |
| X212.73/171.2210D.REF02.040 | REF02 | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2210D.REF02 must contain at least one non-space character. | | | | |
| X212.73/171.2210D.REF03.010 | REF03 | Description | AN | 1-80 | N/U | | | 999 | R | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | Must not be present. | | | |
| X212.73/171.2210D.REF04.010 | REF04 | Reference Identifier | | | N/U | | | 999 | R | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | Must not be present. | | | |
| X212.74/172.2210D.DTP.010 | DTP | SERVICE LINE DATE | | 1 | R | 2210D | | 999 | R | IK304 = 3: "Required Segment Missing" | 2220D.DTP must be present. | 2220D.DTP must be present. | | | |
| X212.74/172.2210D.DTP.020 | DTP | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2210D.DTP are allowed. | Only one iteration of 2220D.DTP are allowed. | | | |

| 276/277 Edit Reference | Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | TA1/ 999/ 277 | 2 1 7 C 6 E R | Disposition / Error Code | Proposed 276 5010 Edits | Outbound Mapping Instructions (Flat file and/or 277) Found Condition | Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition | Triggering Event | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X212.74/172.2210D.DTP01.010 | DTP01 | Date Time Qualifier | ID | 3-3 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2210D.DTP01 must be present. | 2220D.DTP01 must be present. | | | |
| X212.74/172.2210D.DTP01.020 | DTP01 | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2210D.DTP01 must be "472". | 2220D.DTP01 must be "472". | | | |
| X212.74/172.2210D.DTP02.010 | DTP02 | Date Time Period Format Qualifier | ID | 2-3 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2210D.DTP02 must be present. | 2220D.DTP02 must be present. | | | |
| X212.74/172.2210D.DTP02.020 | DTP02 | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2210D.DTP02 must be valid values. | 2220D.DTP02 must be the transmitted value from the associated 276. | | | |
| X212.74/172.2210D.DTP03.010 | DTP03 | Service Line Date | AN | 1-35 | R | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2210D.DTP03 must be present. | 2220D.DTP03 must be present. | | | |
| X212.74/172.2210D.DTP03.020 | DTP03 | | | | | | | 999 | R | IK403 = 8: "Invalid Date" | If 2210D.DTP02 = "D8" then 2210D.DTP03 must be a valid date in CCYYMMDD format. | 2220D.DTP02 must be the transmitted value from the associated 276. | | | |
| X212.74/172.2210D.DTP03.030 | DTP03 | | | | | | | 999 | R | IK403 = 8: "Invalid Date" | If 2210D.DTP02 = "RD8" then 2210D.DTP03 must be a valid date in CCYYMMDD-CCYYMMDD format. | | | | |
| X212.74/172.2210D.DTP03.040 | DTP03 | | | | | | | 277 | C | CSC 187: "Date(s) of service" | If 2210D.DTP02 = "RD8" then the 2nd date listed in 2210.DTP03 must be >= the 1st date listed in 2210.DTP03. | | | | |
| X212.75/173.2200E.Dep Loop.010 | Dep Loop | Dependent Loop | | | | 2200E | >1 | 999 | R | IK304 = I9 "Implementation Dependent Not Used Segment Present" | Loop must not be present. | Loop must not be present. | | | 04/06: Medicare specific limitation. 276 Companion Guide Note needed. |
| X212.75/173.2000E.HL.010 | HL | DEPENDENT LEVEL | | 1 | S | 2000E | 1 | 999 | R | IK304 = I9 "Implementation Dependent Not Used Segment Present" | Segment must not be present. | Segment must not be present. | | | |
| X212.77/NA.2000E.DMG.010 | DMG | DEPENDENT DEMOGRAPHIC INFORMATION | | 1 | R | 2000E | | 999 | R | IK304 = I9 "Implementation Dependent Not Used Segment Present" | Segment must not be present. | Segment must not be present. | | | |
| X212.79/175.2100E.NM1.010 | NM1 | DEPENDENT NAME | | 1 | R | 2100E | 1 | 999 | R | IK304 = I9 "Implementation Dependent Not Used Segment Present" | Segment must not be present. | Segment must not be present. | | | |
| X212.81/177.2200E.TRN.010 | TRN | Dependent CLAIM STATUS TRACKING NUMBER | | 1 | R | 2200E | 1 | 999 | R | IK304 = I9 "Implementation Dependent Not Used Segment Present" | Segment must not be present. | Segment must not be present. | | | |
| X212.82/189.2200E.REF.010 | REF | PAYER CLAIM CONTROL NUMBER | | 1 | S | 2200E | | 999 | R | IK304 = I9 "Implementation Dependent Not Used Segment Present" | Segment must not be present. | Segment must not be present. | | | |
| X212.83/190.2200E.REF.020 | REF | INSTITUTIONAL BILL TYPE IDENTIFICATION | | 1 | S | 2200E | | 999 | R | IK304 = I9 "Implementation Dependent Not Used Segment Present" | Segment must not be present. | Segment must not be present. | | | |
| X212.84/NA.2200E.REF.030 | REF | APPLICATION OR LOCATION SYSTEM IDENTIFIER | | 1 | S | 2200E | | 999 | R | IK304 = I9 "Implementation Dependent Not Used Segment Present" | Segment must not be present. | Segment must not be present. | | | |
| X212.85/NA.2200E.REF.040 | REF | GROUP NUMBER | | 1 | S | 2200E | | 999 | R | IK304 = I9 "Implementation Dependent Not Used Segment Present" | Segment must not be present. | Segment must not be present. | | | |
| X212.86/191.2200E.REF.050 | REF | PATIENT ACCOUNT NUMBER | | 1 | S | 2200E | | 999 | R | IK304 = I9 "Implementation Dependent Not Used Segment Present" | Segment must not be present. | Segment must not be present. | | | |
| X212.87/192.2200E.REF.060 | REF | PHARMACY PRESCRIPTION NUMBER | | 1 | S | 2200E | | 999 | R | IK304 = I9 "Implementation Dependent Not Used Segment Present" | Segment must not be present. | Segment must not be present. | | | |
| X212.88/194.2200E.REF.070 | REF | CLAIM ID FOR CLEARINGHOUSES AND OTHER TRANSMISSION INTERMEDIARIES | | 1 | S | 2200E | | 999 | R | IK304 = I9 "Implementation Dependent Not Used Segment Present" | Segment must not be present. | Segment must not be present. | | | |
| X212.89/NA.2200E.AMT.010 | AMT | CLAIM SUBMITTED CHARGES | | 1 | S | 2200E | | 999 | R | IK304 = I9 "Implementation Dependent Not Used Segment Present" | Segment must not be present. | Segment must not be present. | | | |

| 276/277 Edit Reference | Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | TA1/ 999/ 277 | 2 T 7 C 6 E R | Disposition / Error Code | Proposed 276 5010 Edits | Outbound Mapping Instructions (Flat file and/or 277) Found Condition | Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition | Triggering Event | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X212.90/195.2200E.DTP.010 | DTP | CLAIM SERVICE DATE | | 1 | S | 2200E | | 999 | R | IK304 = I9 "Implementation Dependent Not Used Segment Present" | Segment must not be present. | Segment must not be present. | | | |
| X212.92/197.2210E.SVC.010 | SVC | SERVICE LINE INFORMATION | | 1 | S | 2210E | 1 | 999 | R | IK304 = I9 "Implementation Dependent Not Used Segment Present" | Segment must not be present. | Segment must not be present. | | | |
| X212.96/211.2210E.REF.010 | REF | SERVICE LINE ITEM IDENTIFICATION | | 1 | S | 2210E | | 999 | R | IK304 = I9 "Implementation Dependent Not Used Segment Present" | Segment must not be present. | Segment must not be present. | | | |
| X212.97/212.2210E.DTP.010 | DTP | SERVICE LINE DATE | | 1 | R | 2210E | | 999 | R | IK304 = I9 "Implementation Dependent Not Used Segment Present" | Segment must not be present. | Segment must not be present. | | | |
| X212.98/213..SE.010 | SE | TRANSACTION SET TRAILER | | 1 | R | | | 999 | R | IK502: 2 "Transaction Set Trailer Missing". | SE must be present. | SE must be present. | | | |
| X212.98/213..SE.020 | SE | | | | | | | 999 | R | | Only one iteration of SE is allowed. | Only one iteration of SE is allowed. | | | |
| X212.98/213..SE01.010 | SE01 | Transaction Segment Count | N0 | 1-10 | R | | | 999 | R | IK502: 4 "Number of Included Segments Does Not Match Actual Count". | SE01 must be present. | SE01 must be present. | | | |
| X212.98/213..SE01.020 | SE01 | | | | | | | 999 | R | IK502: 4 "Number of Included Segments Does Not Match Actual Count". | SE01 must be numeric. | SE01 must be numeric. | | | |
| X212.98/213..SE01.030 | SE01 | | | | | | | 999 | R | IK502: 4 "Number of Included Segments Does Not Match Actual Count". | SE01 must equal the transaction segment count. | SE01 must equal the transaction segment count. | | | |
| X212.98/213..SE01.040 | SE01 | | | | | | | 999 | R | IK502: 4 "Number of Included Segments Does Not Match Actual Count". | SE01 must be > 0. | SE01 must be > 0. | | | |
| X212.98/213..SE02.010 | SE02 | Transaction Set Control Number | AN | 4-9 | R | | | 999 | R | IK502: 3 "Transaction Set Control Number in Header and Trailer Do Not Match". | SE02 must be present. | SE02 must be present. | | | |
| X212.98/213..SE02.020 | SE02 | | | | | | | 999 | R | IK502: 3 "Transaction Set Control Number in Header and Trailer Do Not Match". | SE02 must = ST02. | SE02 must = ST02. | | | |
| X212.C9..GE.010 | GE | FUNCTIONAL GROUP TRAILER | | 1 | R | | 1 | 999 | R | AK905: 3 "Functional Group Trailer Missing" | GE must be present within a single Functional group boundary (GS-GE) pairing. | GE must be present within a single Functional group boundary (GS-GE) pairing. | | | |
| X212.C9..GE.020 | GE | | | | | | | | | | Only one iteration of GE is allowed within a single Functional group boundary (GS-GE) pairing | Only one iteration of GE is allowed within a single Functional group boundary (GS-GE) pairing. | | | |
| X212.C9..GE01.010 | GE01 | Number of Transaction Sets Included | N0 | 1-6 | R | | | 999 | R | AK905: 5 "Number of Included Transaction Sets Does Not Match Actual Count". | GE01 must be present. | GE01 must be present. | | | |
| X212.C9..GE01.020 | GE01 | | | | | | | 999 | R | AK905: 5 "Number of Included Transaction Sets Does Not Match Actual Count". | GE01 must be numeric. | GE01 must be numeric. | | | |
| X212.C9..GE01.030 | GE01 | | | | | | | 999 | R | AK905: 5 "Number of Included Transaction Sets Does Not Match Actual Count". | GE01 must equal the number of transaction sets included in the functional group. | GE01 must equal the number of transaction sets included in the functional group. | | | |
| X212.C9..GE01.040 | GE01 | | | | | | | 999 | R | AK905: 5 "Number of Included Transaction Sets Does Not Match Actual Count". | GE01 must be > 0. | GE01 must be > 0. | | | |
| X212.C9..GE02.010 | GE02 | Group Control Number | N0 | 1-9 | R | | | 999 | R | AK905: 4 "Group Control Number in the Functional Group Header and Trailer Do Not Agree". | GE02 must be present. | GE02 must be present. | | | |
| X212.C9..GE02.020 | GE02 | | | | | | | 999 | R | AK905: 4 "Group Control Number in the Functional Group Header and Trailer Do Not Agree". | GE02 must = GS06. | GE02 must = GS06. | | | |

| 276/277 Edit Reference | Element Identifier | Description | ID | Min. Max. | Usage Reg. | Loop | Loop Repeat | TA1/ 999/ 277 | 2 T 7 C 6 E R | Disposition / Error Code | Proposed 276 5010 Edits | Outbound Mapping Instructions (Flat file and/or 277) Found Condition | Outbound Mapping Instructions (Flat file and/or 277) Not Found Condition | Triggering Event | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X212.C10..IEA.010 | IEA | INTERCHANGE CONTROL TRAILER | | 1 | R | | 1 | TA1 | R | TA105: 022 Invalid Control Structure -OR- TA105: 023 Improper (Premature) End-of-File (Transmission) -OR- TA105: 024 "Invalid Interchange Content". | IEA must be present. | IEA must be present. | | | |
| X212.C10..IEA.020 | IEA | | | | | | | TA1 | R | TA105: 022 Invalid Control Structure -OR- TA105: 023 Improper (Premature) End-of-File (Transmission) -OR- TA105: 024 "Invalid Interchange Content". | Only one iteration of IEA is allowed. | Only one iteration of IEA is allowed. | | | |
| X212.C10..IEA01.010 | IEA01 | Number of Included Functional Groups | N0 | 1-5 | R | | | TA1 | R | TA105: 021 "Invalid Number of Included Groups Value". | IEA01 must be present. | IEA01 must be present. | | | |
| X212.C10..IEA01.020 | IEA01 | | | | | | | TA1 | R | TA105: 021 "Invalid Number of Included Groups Value". | IEA01 must be numeric. | IEA01 must be numeric. | | | |
| X212.C10..IEA01.030 | IEA01 | | | | | | | TA1 | R | TA105: 021 "Invalid Number of Included Groups Value". | IEA01 must equal the number of functional groups included in the interchange. | IEA01 must equal the number of functional groups included in the interchange. | | | |
| X212.C10..IEA01.040 | IEA01 | | | | | | | TA1 | R | TA105: 021 "Invalid Number of Included Groups Value". | IEA01 must be > 0. | IEA01 must be > 0. | | | |
| X212.C10..IEA02.010 | IEA02 | Interchange Control Number | N0 | 9-9 | R | | | TA1 | R | TA105: 001 "The Interchange Control Number in the Header and Trailer Do Not Match". | IEA02 must be present. | IEA02 must be present. | | | |
| X212.C10..IEA02.020 | IEA02 | | | | | | | TA1 | R | TA105: 001 "The Interchange Control Number in the Header and Trailer Do Not Match". | IEA02 must = ISA13. | IEA02 must = ISA13. | | | |

## Assumptions

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|---|---|
| 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.<br>Any numeric value with an edit that indicates it must be > 0 means that neither zero nor negative numbers are allowed.<br>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.<br><br>Example: 2320 COB Payer Amt Paid - there is no way for the receiver to determine whether the claim has been adjudicated by the payer in Loop |

| 107 | If the data for an AN element/composite is from an external code list, the standard AN edits will not be included. |
|---|---|
| 108 | Format definitions, rules, restrictions, guidance, or instructions published by the code set owner of an external code set must be met for a code from an external code set to be noted as "valid". |
| 109 | Valid dates - dates must be valid according to the calendar for the specific year.  Only 01 - 12 are valid for the month positions of the date field.  If month is "01", the day positions may be populated with 01 - 31.  If month is "02", the day positions may be populated with 01 - 28, except during leap years (2008 was a leap year, leap years occur every 4 years) when the day positions may be populated with 01 - 29. If month is "03", the day positions may be populated with 01 - 31. If month is "04", the day positions may be populated with 01 - 30. If month is "05", the day positions may be populated with 01 - 31. If month is "06", the day positions may be populated with 01 - 30.  If month is "07", the day positions may be populated with 01 - 31.  If month is "08", the day positions may be populated with 01 - 31.  If month is "09", the day positions may be populated with 01 - 30.  If month is "10", the day positions may be populated with 01 - 31.  If month is "11", the day positions may be populated with 01 - 30.  If month is "12", the day positions may be populated with 01 - 31. |
| 110 | Edits restricting a date field from being a "future date" should be evaluated against the current date (processing date). |
| 111 | The words "digit" or "digits" in an edit implies numeric content. The words "character" or "characters" in an edit implies alphanumeric content. |
| 112 | If an edit references a numeric value (must be >=, <= or = with a numeric limitation) implies a numeric content requirement so the standard numeric check will not be included. |
| 113 | Edits that are specific to the period when ICD-9 is allowed are highlighted in pink.  Edits that are specific to the period when ICD-10 is allowed are highlighted in turquoise. |
| 114 | Segments noted as "Pass through, syntax only" will not include CMS specific edits based on system constraints or business rules.  This notation indicates that the information is stored on the repository but not used in any CMS system processing. |
| 115 | Acknowledgement information in columns I and J (titled "TA1/999/277CA" and "Disposition / Error Code") qualify the edit information found in column K (titled "") and do not apply to information in any other column in the spreadsheet. |
| 116 | In column "N" of the spreadsheet:<br>T - Translator Edit<br>C - CEM Edit |
| 117 | When a 276 is received that triggered a 2200D (claim level) edit and at least one 2210D (service line level) loop is error-free, the Part B System will return a CSCC D0 [Data Search Unsuccessful...] and CSC 275 [Claim] in the error-free 2220D (service line level) STC segment.<br>The Part B System will continue to report the 2200D (claim level) edit in the 277's 2200D (claim level) STC and will continue to report any applicable 2210D (service line level) loops that generated edits in the applicable 277 2220D STC (service line level). |

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

| 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 |
| **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.<br><br>Example: Valid Procedure Code Modifier reference must be available for this edit. | |
| | | | |

| Location | Change | Date | Reason for Change |
|---|---|---|---|
| X212.54/NA.2000D.DMG03.010 | Deactivated | 05/19/2022 | 2000D DMG03 element is situational, the data is not required per the TR3. MCS, FISS & VMS do not use the subscriber gender in their search criteria. MACs and SSMs requested the edit to be deactivated. |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Version CE20231V01** | | | | | | | | | | | | | | | |
| **January 2023** | | | | | | | | | | | | | | | |
| | | | | The Data Interchange Standards Association(DISA) holds a copyright on the TR3 documents: Copyright (c) 2009, Data Interchange Standards Association on behalf of ASC X12. Format (c) 2009, http://store.x12.org/ | | | | | | | | | | | |
| X222.C3..ISA.010 | 07/01/2011 | | ISA | INTERCHANGE CONTROL HEADER | | 1 | R | | 1 | | TA1 | R | TA105 = 024: "Invalid Interchange Content". | ISA must be present. | |
| X222C3..ISA.015 | 07/01/2011 REVISED 10/07/2013 | | ISA | | | | | | | | TA1 | R | TA105 = 022: "Invalid Control Structure" -OR- TA105 = 023: "Improper (Premature) End-of-File (Transmission)" -OR- TA105: 024 "Invalid Interchange Content". | Only one iteration of ISA is allowed. | Contractors are free to choose the edit that best fits their translator functionality. Revised 10/07/2013: TA105: 024 added. |
| X222.C3..ISA.020 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.C3..ISA01.010 | 07/01/2011 | | ISA01 | Authorization Information Qualifier | ID | 2-2 | R | | | 00, 03 | TA1 | R | TA105 = 010: "Invalid Authorization Information Qualifier Value". | ISA01 must be present. | |
| X222.C3..ISA01.020 | 07/01/2011 | | ISA01 | | | | | | | | TA1 | R | TA105 = 010: "Invalid Authorization Information Qualifier Value". | ISA01 must be valid values. | |
| X222.C3..ISA02.010 | 07/01/2011 | | ISA02 | Authorization Information | AN | 10-10 | R | | | | TA1 | R | TA105 = 011: "Invalid Authorization Information Value". | ISA02 must be present. | |
| X222.C3..ISA02.020 | 07/01/2011 | | ISA02 | | | | | | | | TA1 | R | TA105 = 011: "Invalid Authorization Information Value". | ISA02 must be 10 characters. | |
| X222.C3..ISA02.030 | 07/01/2011 | | ISA02 | | | | | | | | TA1 | R | TA105 = 011: "Invalid Authorization Information Value". | ISA02 must be populated with accepted AN characters **OR** ISA02 must be populated with all spaces. | |
| X222.C3..ISA03.010 | 07/01/2011 | | ISA03 | Security Information Qualifier | ID | 2-2 | R | | | 00, 01 | TA1 | R | TA105 = 012: "Security Information Qualifier Value". | ISA03 must be present. | |
| X222.C3..ISA03.020 | 07/01/2011 | | ISA03 | | | | | | | | TA1 | R | TA105 = 012: "Security Information Qualifier Value". | ISA03 must be valid values. | |
| X222.C3..ISA04.010 | 07/01/2011 | | ISA04 | Security Information | AN | 10-10 | R | | | | TA1 | R | TA105 = 013: "Security Information Value". | ISA04 must be present. | |
| X222.C3..ISA04.020 | 07/01/2011 | | ISA04 | | | | | | | | TA1 | R | TA105 = 013: "Security Information Value". | ISA04 must be 10 characters. | |
| X222.C3..ISA04.030 | 07/01/2011 | | ISA04 | | | | | | | | TA1 | R | TA105 = 013: "Security Information Value". | ISA04 must be populated with accepted AN characters **OR** ISA04 must be populated with all spaces. | |
| X222.C3..ISA05.010 | 07/01/2011 | | ISA05 | Interchange ID Qualifier | ID | 2-2 | R | | | 01, 14, 20, 27, 28, 29, 30, 33, ZZ | TA1 | R | TA105 = 005: "Invalid Interchange ID Qualifier for Sender". | ISA05 must be present. | |
| X222.C3..ISA05.020 | 07/01/2011 | | ISA05 | | | | | | | | TA1 | R | TA105 = 005: "Invalid Interchange ID Qualifier for Sender". | ISA05 must be "27", "28" or "ZZ". | Companion guide note needed |
| X222.C3..ISA06.010 | 07/01/2011 | | ISA06 | Interchange Sender ID | AN | 15-15 | R | | | | TA1 | R | TA105 = 006: "Invalid Interchange Sender ID". | ISA06 must be present. | |
| X222.C3..ISA06.020 | 07/01/2011 | | ISA06 | | | | | | | | TA1 | R | TA105 = 006: "Invalid Interchange Sender ID". | ISA06 must be 15 characters. | |
| X222.C3..ISA06.030 | 07/01/2011 | | ISA06 | | | | | | | | TA1 | R | TA105 = 006: "Invalid Interchange Sender ID". | ISA06 must contain at least one non-space character. | |
| X222.C3..ISA06.040 | 07/01/2011 | | ISA06 | | | | | | | | TA1 | R | TA105 = 006: "Invalid Interchange Sender ID". | ISA06 must be populated with accepted AN characters. | |
| X222.C3..ISA07.010 | 07/01/2011 | | ISA07 | Interchange ID Qualifier | ID | 2-2 | R | | | 01, 14, 20, 27, 28, 29, 30, 33, ZZ | TA1 | R | TA105 = 007: "Invalid Interchange ID Qualifier for Receiver". | ISA07 must be present. | |
| X222.C3..ISA07.020 | 07/01/2011 | | ISA07 | | | | | | | | TA1 | R | TA105 = 007: "Invalid Interchange ID Qualifier for Receiver". | ISA07 must be "27", "28" or "ZZ". | Companion guide note needed |
| X222.C3..ISA08.010 | 07/01/2011 | | ISA08 | Interchange Receiver ID | AN | 15-15 | R | | | | TA1 | R | TA105 = 008: "Invalid Interchange Receiver ID". | ISA08 must be present. | |
| X222.C3..ISA08.020 | 07/01/2011 | | ISA08 | | | | | | | | TA1 | R | TA105 = 008: "Invalid Interchange Receiver ID". | ISA08 must be 15 characters. | |
| X222.C3..ISA08.030 | 07/01/2011 | | ISA08 | | | | | | | | TA1 | R | TA105 = 008: "Invalid Interchange Receiver ID". | ISA08 must contain at least one non-space character. | |
| X222.C3..ISA08.040 | 07/01/2011 | | ISA08 | | | | | | | | TA1 | R | TA105 = 008: "Invalid Interchange Receiver ID". | ISA08 must be populated with accepted AN characters. | |
| X222.C3..ISA09.010 | 07/01/2011 | | ISA09 | Interchange Date | DT | 6-6 | R | | | YYMMDD | TA1 | R | TA105 = 014: "Invalid Interchange Date Value". | ISA09 must be present. | |
| X222.C3..ISA09.020 | 07/01/2011 | | ISA09 | | | | | | | | TA1 | R | TA105 = 014: "Invalid Interchange Date Value". | ISA09 must be a valid date in YYMMDD format. | |
| X222.C3..ISA09.030 | 07/01/2011 | | ISA09 | | | | | | | | TA1 | R | TA105 = 014: "Invalid Interchange Date Value". | ISA09 must be a the date of the interchange; must not be a future date. | |
| X222.C3..ISA10.010 | 07/01/2011 | | ISA10 | Interchange Time | TM | 4-4 | R | | | HHMM | TA1 | R | TA105 = 015: "Invalid Interchange Time Value". | ISA10 must be present. | |
| X222.C3..ISA10.020 | 07/01/2011 | | ISA10 | | | | | | | | TA1 | R | TA105 = 015: "Invalid Interchange Time Value". | ISA10 must be a valid time in HHMM format. | |
| X222.C3..ISA11.010 | 07/01/2011 | | ISA11 | Repetition Separator | | 1-1 | R | | | | TA1 | R | TA105 = 024: "Invalid Interchange Content". | ISA11 must be present. | 01/20: Companion Guide Note needed. |
| X222.C3..ISA11.020 | 07/01/2011 | | ISA11 | | | | | | | | TA1 | R | TA105 = 024: "Invalid Interchange Content". | ISA11 must be 1 character. | |
| X222.C3..ISA11.030 | 07/01/2011 | | ISA11 | | | | | | | | TA1 | R | TA105 = 024: "Invalid Interchange Content". | ISA11 must contain at least one non-space character. | |
| X222.C3..ISA12.010 | 07/01/2011 | | ISA12 | Interchange Control Version Number | ID | 5-5 | R | | | 00501 | TA1 | R | TA105 = 017: "Invalid Interchange Version ID Value". | ISA12 must be present. | |
| X222.C3..ISA12.020 | 07/01/2011 | | ISA12 | | | | | | | | TA1 | R | TA105 = 017: "Invalid Interchange Version ID Value". | ISA12 must be "00501". | |
| X222.C3..ISA13.010 | 07/01/2011 | | ISA13 | Interchange Control Number | N0 | 9-9 | R | | | | TA1 | R | TA105 = 018: "Invalid Interchange Control Number Value". | ISA13 must be present. | |
| X222.C3..ISA13.020 | 07/01/2011 | | ISA13 | | | | | | | | TA1 | R | TA105 = 018: "Invalid Interchange Control Number Value". | ISA13 must be numeric. | |
| X222.C3..ISA13.030 | 07/01/2011 | | ISA13 | | | | | | | | TA1 | R | TA105 = 018: "Invalid Interchange Control Number Value". | ISA13 must be 9 characters. | |
| X222.C3..ISA13.040 | 07/01/2011 | | ISA13 | | | | | | | | TA1 | R | TA105 = 018: "Invalid Interchange Control Number Value". | ISA13 must be > 0. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.C3..ISA13.050 | 07/01/2011 | | ISA13 | | | | | | | | TA1 | R | TA105 = 018: "Invalid Interchange Control Number Value". | ISA13 must be unsigned. | |
| X222.C3..ISA14.010 | 07/01/2011 | | ISA14 | Acknowledgement Requested | ID | 1-1 | R | | | 0, 1 | TA1 | R | TA105 = 019: "Invalid Acknowledgment Requested Value". | ISA14 must be present. | |
| X222.C3..ISA14.020 | 07/01/2011 | | ISA14 | | | | | | | | TA1 | R | TA105 = 019: "Invalid Acknowledgment Requested Value". | ISA14 must be valid values. | |
| X222.C3..ISA15.010 | 07/01/2011 | | ISA15 | Usage Indicator | ID | 1-1 | R | | | P, T | TA1 | R | TA105 = 020: "Invalid Test Indicator Value". | ISA15 must be present. | |
| X222.C3..ISA15.020 | 07/01/2011 | | ISA15 | | | | | | | | TA1 | R | TA105 = 020: "Invalid Test Indicator Value". | ISA15 must be valid values. | |
| X222.C3..ISA16.010 | 07/01/2011 | | ISA16 | Component Element Separator | | 1-1 | R | | | | TA1 | R | TA105 = 027: "Invalid Component Element Separator" | ISA16 must be present. | |
| X222.C3..ISA16.020 | 07/01/2011 | | ISA16 | | | | | | | | TA1 | R | TA105 = 027: "Invalid Component Element Separator" | ISA16 must be 1 character. | |
| X222.C3..ISA16.030 | 07/01/2011 | | ISA16 | | | | | | | | TA1 | R | TA105 = 027: "Invalid Component Element Separator" | ISA16 must contain at least one non-space character. | |
| X222.C3..ISA16.040 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| | | | GS | Functional Groups | | | | | >1 | | | | | | |
| X222.C7..GS.010 | 07/01/2011 | | GS | FUNCTIONAL GROUP HEADER | | 1 | R | | 1 | | TA1 | R | TA105 = 024: "Invalid Interchange Content". | GS must be present. | |
| X222.C7..GS.020 | 07/01/2011 | | GS | | | | | | | | 999 | R | AK905 = 1: "Functional Group Not Supported". | Only one iteration of GS is allowed. | |
| X222.C7..GS01.010 | 07/01/2011 | | GS01 | Functional Identifier Code | ID | 2-2 | R | | | HC | 999 | R | AK905 = 1: "Functional Group Not Supported". | GS01 must be present. | |
| X222.C7..GS01.020 | 07/01/2011 | | GS01 | | | | | | | HC | 999 | R | AK905 = 1: "Functional Group Not Supported". | GS01 must be present. | |
| X222.C7..GS02.010 | 07/01/2011 | | GS02 | Application Sender Code | AN | 2-15 | R | | | | 999 | R | AK905 = 14: "Unknown Security Originator". | GS02 must be present. | |
| X222.C7..GS02.020 | 07/01/2011 | | GS02 | | | | | | | | 999 | R | AK905 = 14: "Unknown Security Originator". | GS02 must be 2 - 15 characters. | |
| X222.C7..GS02.030 | 07/01/2011 | | GS02 | | | | | | | | 999 | R | AK905 = 14: "Unknown Security Originator". | GS02 must contain at least two non-space characters. | |
| X222.C7..GS02.040 | 07/01/2011 | | GS02 | | | | | | | | 999 | R | AK905 = 14: "Unknown Security Originator". | GS02 must be populated with accepted AN characters. | |
| X222.C7..GS03.010 | 07/01/2011 | | GS03 | Application Receiver Code | AN | 2-15 | R | | | | 999 | R | AK905 = 13: "Unknown Security Recipient". | GS03 must be present. | |
| X222.C7..GS03.020 | 07/01/2011 | | GS03 | | | | | | | | 999 | R | AK905 = 13: "Unknown Security Recipient". | GS03 must be 2 - 15 characters. | |
| X222.C7..GS03.030 | 07/01/2011 | | GS03 | | | | | | | | 999 | R | AK905 = 13: "Unknown Security Recipient". | GS03 must contain at least two non-space characters. | |
| X222.C7..GS03.040 | 07/01/2011 | | GS03 | | | | | | | | 999 | R | AK905 = 13: "Unknown Security Recipient". | GS03 must be populated with accepted AN characters. | |
| X222.C7..GS04.010 | 07/01/2011 | | GS04 | Date | DT | 8-8 | R | | | CCYYMMDD | TA1 | R | TA105 = 024: "Invalid Interchange Content". | GS04 must be present. | |
| X222.C7..GS04.020 | 07/01/2011 | | GS04 | | | | | | | | TA1 | R | TA105 = 024: "Invalid Interchange Content". | GS04 must be a valid date in CCYYMMDD format. | |
| X222.C7..GS04.030 | 07/01/2011 | | GS04 | | | | | | | | TA1 | R | TA105 = 024: "Invalid Interchange Content". | GS04 must be the date the functional group is created; must not be a future date. | |
| X222.C7..GS05.010 | 07/01/2011 | | GS05 | Time | TM | 4-8 | R | | | HHMM | TA1 | R | TA105 = 024: "Invalid Interchange Content". | GS05 must be present. | |
| X222.C7..GS05.020 | 07/01/2011 | | GS05 | | | | | | | | TA1 | R | TA105 = 024: "Invalid Interchange Content". | GS05 must be a valid time in a valid format. | |
| X222.C7..GS06.010 | 07/01/2011 | | GS06 | Group Control Number | N0 | 1-9 | R | | | | 999 | R | AK905 = 6: "Group Control Number Violates Syntax". | GS06 must be present. | |
| X222.C7..GS06.020 | 07/01/2011 | | GS06 | | | | | | | | 999 | R | AK905 = 6: "Group Control Number Violates Syntax". | GS06 must be numeric. | |
| X222.C7..GS06.030 | 07/01/2011 | | GS06 | | | | | | | | 999 | R | AK905 = 6: "Group Control Number Violates Syntax". | GS06 must be > 0. | |
| X222.C7..GS06.040 | 07/01/2011 | | GS06 | | | | | | | | 999 | R | AK905 = 6: "Group Control Number Violates Syntax". | GS06 must be <= 999,999,999. | |
| X222.C7..GS06.050 | 07/01/2011 | | GS06 | | | | | | | | 999 | R | AK905 = 19: "Functional Group Control Number not Unique within Interchange. | GS06 must be unique within the Interchange. | |
| X222.C7..GS07.010 | 07/01/2011 | | GS07 | Responsible Agency Code | ID | 1-2 | R | | | X | TA1 | R | TA105 = 024: "Invalid Interchange Content". | GS07 must be present. | |
| X222.C7..GS07.020 | 07/01/2011 | | GS07 | | | | | | | | TA1 | R | TA105 = 024: "Invalid Interchange Content". | GS07 must be "X". | |
| X222.C7..GS08.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222A1.60..GS08.010 | 07/01/2011 | | GS08 | Version Identifier Code | AN | 1-12 | R | | | 005010X222A1 | 999 | R | AK905 = 2: "Functional Group Version Not Supported" | GS08 must be present. | |
| X222.C7..GS08.020 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222A1.60..GS08.020 | 07/01/2011 | | GS08 | | | | | | | | 999 | R | AK905 = 2: "Functional Group Version Not Supported" | GS08 must be "005010X222A1" | |
| | | | ST | Transaction Sets | | | | | >1 | | | | | | |
| X222.070..ST.010 | 07/01/2011 | | ST | TRANSACTION SET HEADER | | 1 | R | | >1 | | 999 | R | IK502 = 6: "Missing or Invalid Transaction Set Identifier". | ST must be present. | |
| X222.070..ST.020 | 07/01/2011 | | ST | | | | | | | | 999 | R | IK502 = 1: "Transaction Set Not Supported" OR AK905 = 5: "Number Included Transaction Sets Does Not Match Actual Count" OR IK502 = 6: "Missing or Invalid Transaction Set Identifier" OR IK502 = I5: "Implementation One or More Segments in Error" | Only one iteration of ST is allowed. | This error means there can't be more than one ST segment in this set, not that there can't be more than 1 within the GS. |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.070..ST01.010 | 07/01/2011 | | ST01 | Transaction Set Identifier Code | ID | 3-3 | R | | | 837 | 999 | R | IK502 = 6: "Missing or Invalid Transaction Set Identifier". | ST01 must be present. | |
| X222.070..ST01.020 | 07/01/2011 | | ST01 | | | | | | | | 999 | R | IK502 = 6: "Missing or Invalid Transaction Set Identifier". | ST01 must be "837". | |
| X222.070..ST02.010 | 07/01/2011 | | ST02 | Transaction Set Control Number | AN | 4-9 | R | | | | 999 | R | IK502 = 7: "Missing or Invalid Transaction Set Control Number". | ST02 must be present. | |
| X222.070..ST02.020 | 07/01/2011 | | ST02 | | | | | | | | 999 | R | IK502 = 7: "Missing or Invalid Transaction Set Control Number". | ST02 must be 4-9 characters. | |
| X222.070..ST02.030 | 07/01/2011 | | ST02 | | | | | | | | 999 | R | IK502 = 7: "Missing or Invalid Transaction Set Control Number". | ST02 must contain at least four non-space characters. | |
| X222.070..ST02.040 | 07/01/2011 | | ST02 | | | | | | | | 999 | R | IK502 = 7: "Missing or Invalid Transaction Set Control Number". | ST02 must be populated with accepted AN characters. | |
| X222.070..ST02.050 | 07/01/2011 | | ST02 | | | | | | | | 999 | R | IK502 = 23: "Transaction Set Control Number Not Unique within the Functional Group". | ST02 must be a unique number within the ISA-IEA envelope. | |
| X222.070..ST03.010 | 07/01/2011 | | ST03 | Implementation Guide Version Name | AN | 1-35 | R | | | | 999 | R | IK502 = I6: "Implementation Convention Not Supported". | ST03 must be present. | |
| X222.070..ST03.020 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222A1.014..ST03.020 | 07/01/2011 | | ST03 | | | | | | | | 999 | R | IK502 = 19: "Invalid Transaction Set Implementation Convention Reference" | ST03 must be "005010X222A1". | |
| X222.071..BHT.010 | 07/01/2011 | | BHT | BEGINNING OF HIERARCHICAL TRANSACTION | | 1 | R | | 1 | | 999 | R | IK304 = 3: "Required Segment Missing" | BHT must be present. | |
| X222.071..BHT.020 | 07/01/2011 | | BHT | | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of BHT is allowed. | |
| X222.071..BHT01.010 | 07/01/2011 | | BHT01 | Hierarchical Structure Code | ID | 4-4 | R | | | 0019 | 999 | R | IK403 = 1: "Required Data Element Missing" | BHT01 must be present. | |
| X222.071..BHT01.020 | 07/01/2011 | | BHT01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | BHT01 must be "0019". | |
| X222.071..BHT02.010 | 07/01/2011 | | BHT02 | Transaction Set Purpose Code | ID | 2-2 | R | | | 00, 18 | 999 | R | IK403 = 1: "Required Data Element Missing" | BHT02 must be present. | |
| X222.071..BHT02.020 | 07/01/2011 | | BHT02 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | BHT02 must be valid values. | |
| X222.071..BHT03.010 | 07/01/2011 | | BHT03 | Originator Application Transaction ID | AN | 1-50 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | BHT03 must be present. | |
| X222.071..BHT03.020 | 07/01/2011 | | BHT03 | | | | | | | | 999 | R | IK403 = 5: "Data Element Too Long" | BHT03 must be 1 - 30 characters. | |
| X222.071..BHT03.030 | 07/01/2011 | | BHT03 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | BHT03 must be populated with accepted AN characters. | |
| X222.071..BHT04.010 | 07/01/2011 | | BHT04 | Transaction Set Creation Date | DT | 8-8 | R | | | CCYYMMDD | 999 | R | IK403 = 1: "Required Data Element Missing" | BHT04 must be present. | |
| X222.071..BHT04.020 | 07/01/2011 | | BHT04 | | | | | | | | 999 | R | IK403 = 8: "Invalid Date" | BHT04 must be a valid date in CCYYMMDD format. | |
| X222.071..BHT05.010 | 07/01/2011 | | BHT05 | Transaction Set Creation Time | TM | 4-8 | R | | | HHMM, HHMMSS, HHMMSSD, HHMMSSDD | 999 | R | IK403 = 1: "Required Data Element Missing" | BHT05 must be present. | |
| X222.071..BHT05.020 | 07/01/2011 | | BHT05 | | | | | | | | 999 | R | IK403 = 9: "Invalid Time" | BHT05 must a valid time in a valid time format. | |
| X222.071..BHT06.010 | 07/01/2011 | | BHT06 | Claim or Encounter ID | ID | 2-2 | R | | | 31, CH, RP | 999 | R | IK403 = 1: "Required Data Element Missing" | BHT06 must be present. | |
| X222.071..BHT06.020 | 07/01/2011 | | BHT06 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | BHT06 must be "CH". | |
| X222.074.1000A..010 | 07/01/2011 | | | SUBMITTER NAME loop | | 1 | R | 1000A | 1 | | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only one iteration of 1000A is allowed. | |
| X222.074.1000A.NM1.010 | 07/01/2011 | | NM1 | SUBMITTER NAME | | | | | | | 999 | R | IK304 = 3: "Required Segment Missing" | 1000A.NM1 must be present. | |
| X222.074.1000A.NM101.010 | 07/01/2011 | | NM101 | Entity Identifier Code | ID | 2-3 | R | | | 41 | 999 | R | IK403 = 1: "Required Data Element Missing" | 1000A.NM101 must be present. | |
| X222.074.1000A.NM101.020 | 07/01/2011 | | NM101 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 1000A.NM101 must be "41". | |
| X222.074.1000A.NM102.010 | 07/01/2011 | | NM102 | Entity Type Qualifier | ID | 1-1 | R | | | 1, 2 | 999 | R | IK403 = 1: "Required Data Element Missing" | 1000A.NM102 must be present. | |
| X222.074.1000A.NM102.020 | 07/01/2011 | | NM102 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 1000A.NM102 must be valid values. | |
| X222.074.1000A.NM103.010 | 07/01/2011 | | NM103 | Submitter Last or Organization Name | AN | 1-60 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 1000A.NM103 must be present. | |
| X222.074.1000A.NM103.020 | 07/01/2011 | | NM103 | | | | | | | | 999 | R | IK403 = 5: "Data Element Too Long" | 1000A.NM103 must be 1 - 60 characters. | |
| X222.074.1000A.NM103.025 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.074.1000A.NM103.030 | 07/01/2011 | | NM103 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 1000A.NM103 must contain at least one non-space character. | |
| X222.074.1000A.NM103.040 | 07/01/2011 | | NM103 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 1000A.NM103 must be populated with accepted AN characters. | |
| X222.074.1000A.NM103.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.074.1000A.NM104.010 | 07/01/2011 | | NM104 | Submitter First Name | AN | 1-35 | S | | | | 999 | R | IK403 = I13: "Implementation Dependent "Not Used" Data Element Present" | If 1000A.NM102 is "2", 1000A.NM104 must not be present. | |
| X222.074.1000A.NM104.020 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.074.1000A.NM104.030 | 07/01/2011 | | NM104 | | | | | | | | 999 | R | IK403 = 5: "Data Element Too Long" | 1000A.NM104 must be 1 - 35 characters. | |
| X222.074.1000A.NM104.040 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.074.1000A.NM104.050 | 07/01/2011 | | NM104 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 1000A.NM104 must contain at least one non-space character. | |
| X222.074.1000A.NM104.060 | 07/01/2011 | | NM104 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 1000A.NM104 must be populated with accepted AN characters. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.074.1000A.NM104.070 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.074.1000A.NM105.010 | 07/01/2011 | | NM105 | Submitter Middle Name | AN | 1-25 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 1000A.NM105 must contain at least one non-space character. | |
| X222.074.1000A.NM105.020 | 07/01/2011 | | NM105 | | | | | | | | 999 | R | IK403 = I13: "Implementation Dependent "Not Used" Data Element Present" | If 1000A.NM102 is "2", 1000A.NM105 must not be present. | |
| X222.074.1000A.NM105.030 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.074.1000A.NM105.040 | 07/01/2011 | | NM105 | | | | | | | | 999 | R | IK403 = 5: "Data Element Too Long" | 1000A.NM105 must be 1 - 25 characters. | |
| X222.074.1000A.NM105.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.074.1000A.NM105.060 | 07/01/2011 | | NM105 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 1000A.NM105 must be populated with accepted AN characters. | |
| X222.074.1000A.NM105.065 | 04/01/2013 | | NM105 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 514: "Entity's Middle Name" EIC: 41 "Submitter" | The first position of 1000A.NM105 must be alphabetic (A…Z). | To prevent continued processing and later rejection of claims (CWF) having an incorrect character in this position, such as a paren. |
| X222.074.1000A.NM105.070 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.074.1000A.NM106.010 | 07/01/2011 | | NM106 | Name Prefix | AN | 1-10 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.074.1000A.NM107.010 | 07/01/2011 | | NM107 | Name Suffix | AN | 1-10 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.074.1000A.NM108.010 | 07/01/2011 | | NM108 | Identification Code Qualifier | ID | 1-2 | R | | | 46 | 999 | R | IK403 = 1: "Required Data Element Missing" | 1000A.NM108 must be present. | |
| X222.074.1000A.NM108.020 | 07/01/2011 | | NM108 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 1000A.NM108 must be "46". | |
| X222.074.1000A.NM109.010 | 07/01/2011 | | NM109 | Submitter Identifier | AN | 2-80 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 1000A.NM109 must be present. | |
| X222.074.1000A.NM109.020 | 07/01/2011 | | NM109 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 1000A.NM109 must contain at least two non-space characters. | |
| X222.074.1000A.NM109.030 | 07/01/2011 | | NM109 | | | | | | | | 999 | R | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" | 1000A.NM109 must be 2-80 characters. | |
| X222.074.1000A.NM109.040 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.074.1000A.NM109.050 | 07/01/2011 | | NM109 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 1000A.NM109 must be populated with accepted AN characters. | |
| X222.074.1000A.NM109.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.074.1000A.NM109.070 | 07/01/2011 | | NM109 | | | | | | | | 999 | R | IK403 = I12: "Implementation Pattern Match Failure" | 1000A.NM109 must be an approved electronic submitter. | |
| X222.074.1000A.NM110.010 | 07/01/2011 | | NM110 | Entity Relationship Code | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.074.1000A.NM111.010 | 07/01/2011 | | NM111 | Entity Identifier Code | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.074.1000A.NM112.010 | 07/01/2011 | | NM112 | Name Last or Organization Name | AN | 1-60 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.076.1000A.PER.010 | 07/01/2011 | | PER | SUBMITTER EDI CONTACT INFORMATION | | 2 | R | 1000A | | | 999 | R | IK304 = 3: "Required Segment Missing" | 1000A.PER must be present. | |
| X222.076.1000A.PER.020 | 07/01/2011 | | PER | SUBMITTER EDI CONTACT INFORMATION | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only two iterations of 1000A.PER are allowed. | |
| X222.076.1000A.PER01.010 | 07/01/2011 | | PER01 | Contact Function Code | ID | 2-2 | R | | | IC | 999 | R | IK403 = 1: "Required Data Element Missing" | 1000A.PER01 must be present. | |
| X222.076.1000A.PER01.020 | 07/01/2011 | | PER01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 1000A.PER01 must be "IC". | |
| X222.076.1000A.PER02.010 | 07/01/2011 | | PER02 | Submitter Contact Name | AN | 1-60 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 1000A.PER02 must contain at least one non-space character. | |
| X222.076.1000A.PER02.020 | 07/01/2011 | | PER02 | | | | | | | | 999 | R | IK403 = I12: "Implementation Pattern Match Failure" | For the 1st 1000A.PER transmitted, 1000A.PER02 must not = 1000A.NM103. | |
| X222.076.1000A.PER02.030 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.076.1000A.PER02.040 | 07/01/2011 | | PER02 | | | | | | | | 999 | R | IK403 = I13: "Implementation Dependent "Not Used" Data Element Present" | For the 2nd 1000A.PER transmitted, 1000A.PER02 must not be present. | |
| X222.076.1000A.PER02.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.076.1000A.PER02.060 | 07/01/2011 | | PER02 | | | | | | | | 999 | R | IK403 = 5: "Data Element Too Long" | 1000A.PER02 must be 1 - 60 characters. | |
| X222.076.1000A.PER02.070 Edit Deactivated | 07/01/2011 | **07/01/2011** | | | | | | | | | | | | | |
| X222.076.1000A.PER02.080 | 07/01/2011 | | PER02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 1000A.PER02 must be populated with accepted AN characters. | |
| X222.076.1000A.PER02.090 Edit Deactivated | 07/01/2011 | **07/01/2011** | | | | | | | | | | | | | |
| X222.076.1000A.PER03.010 | 07/01/2011 | | PER03 | Communication Number Qualifier | ID | 2-2 | R | | | EM, FX. TE | 999 | R | IK403 = 1: "Required Data Element Missing" | 1000A.PER03 must be present. | |
| X222.076.1000A.PER03.020 | 07/01/2011 | | PER03 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 1000A.PER03 must be valid values. | |
| X222.076.1000A.PER04.010 | 07/01/2011 | | PER04 | Communication Number | AN | 1-256 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 1000A.PER04 must be present. | |
| X222.076.1000A.PER04.020 | 07/01/2011 | | PER04 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 1000A.PER04 must contain at least one non-space character. | |
| X222.076.1000A.PER04.030 | 07/01/2011 | | PER04 | | | | | | | | 999 | R | IK403 = 5: "Data Element Too Long" | 1000A.PER04 must be 1 - 256 characters. | |
| X222.076.1000A.PER04.040 Edit Deactivated | 07/01/2011 | **07/01/2011** | | | | | | | | | | | | | |
| X222.076.1000A.PER04.050 | 07/01/2011 | | PER04 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 1000A.PER04 must be populated with accepted AN characters. | |
| X222.076.1000A.PER04.060 Edit Deactivated | 07/01/2011 | **07/01/2011** | | | | | | | | | | | | | |
| X222.076.1000A.PER04.070 | 01/01/2013 | | PER04 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 127: "Entity's Communication Number" EIC: 41 "Submitter" | 1000A.PER04 must be populated with exactly ten numeric characters when 1000A.PER03 equals TE or FX. | |
| X222.076.1000A.PER05.010 | 07/01/2011 | | PER05 | Communication Number Qualifier | ID | 2-2 | S | | | EM, EX, FX, TE | 999 | R | IK403 = 7: "Invalid Code Value" | 1000A.PER05 must be valid values. | |
| X222.076.1000A.PER05.020 | 07/01/2011 | | PER05 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | If 1000A.PER05 is "EX", 1000A.PER03 must be "TE". | |
| X222.076.1000A.PER06.010 | 07/01/2011 | | PER06 | Communication Number | AN | 1-256 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 1000A.PER06 is present, 1000A.PER05 must be present. | |
| X222.076.1000A.PER06.020 | 07/01/2011 | | PER06 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 1000A.PER06 must contain at least one non-space character. | |
| X222.076.1000A.PER06.030 | 07/01/2011 | | PER06 | | | | | | | | 999 | R | IK403 = 5: "Data Element Too Long" | 1000A.PER06 must be 1 - 256 characters. | |
| X222.076.1000A.PER06.040 Edit Deactivated | 07/01/2011 | **07/01/2011** | | | | | | | | | | | | | |
| X222.076.1000A.PER06.050 | 07/01/2011 | | PER06 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 1000A.PER06 must be populated with accepted AN characters. | |
| X222.076.1000A.PER06.060 Edit Deactivated | 07/01/2011 | **07/01/2011** | | | | | | | | | | | | | |
| X222.076.1000A.PER06.070 | 01/01/2013 | | PER06 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 127: "Entity's Communication Number" EIC: 41 "Submitter" | 1000A.PER06 must be populated with exactly ten numeric characters when 1000A.PER05 equals TE or FX. | |
| X222.076.1000A.PER07.010 | 07/01/2011 | | PER07 | Communication Number Qualifier | ID | 2-2 | S | | | EM, EX, FX, TE | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 1000A.PER07 is present, 1000A.PER05 must be present. | |
| X222.076.1000A.PER07.020 | 07/01/2011 | | PER07 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 1000A.PER07 must be valid values. | |
| X222.076.1000A.PER07.030 | 07/01/2011 | | PER07 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | If 1000A.PER07 is "EX", 1000A.PER05 must be "TE". | |
| X222.076.1000A.PER08.010 | 07/01/2011 | | PER08 | Communication Number | AN | 1-256 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 1000A.PER08 is present, 1000A.PER07 must be present. | |
| X222.076.1000A.PER08.020 | 07/01/2011 | | PER08 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 1000A.PER08 must contain at least one non-space character. | |
| X222.076.1000A.PER08.030 | 07/01/2011 | | PER08 | | | | | | | | 999 | R | IK403 = 5: "Data Element Too Long" | 1000A.PER08 must be 1 - 256 characters. | |
| X222.076.1000A.PER08.040 Edit Deactivated | 07/01/2011 | **07/01/2011** | | | | | | | | | | | | | |
| X222.076.1000A.PER08.050 | 07/01/2011 | | PER08 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 1000A.PER08 must be populated with accepted AN characters. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.076.1000A.PER08.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.076.1000A.PER08.070 | 01/01/2013 | | PER08 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 127: "Entity's Communication Number" EIC: 41 "Submitter" | 1000A.PER08 must be populated with exactly ten numeric characters when 1000A.PER07 equals TE or FX. | |
| X222.076.1000A.PER09.010 | 07/01/2011 | | PER09 | Contact Inquiry Reference | AN | 1-20 | N/U | | | | 999 | E | IK403 = I10: Implementation "Not Used" Element Present" | Must not be present. | |
| X222.079.1000B..010 | 07/01/2011 | | | RECEIVER NAME Loop | | 1 | R | 1000B | 1 | | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only one iteration of 1000B is allowed. | |
| X222.079.1000B.NM1.010 | 07/01/2011 | | NM1 | RECEIVER NAME | | | | | | | 999 | R | IK304 = 3: "Required Segment Missing" | 1000B.NM1 must be present. | |
| X222.079.1000B.NM101.010 | 07/01/2011 | | NM101 | Entity Identifier Code | ID | 2-3 | R | | | 40 | 999 | R | IK403 = 1: "Required Data Element Missing" | 1000B.NM101 must be present. | |
| X222.079.1000B.NM101.020 | 07/01/2011 | | NM101 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 1000B.NM101 must be "40". | |
| X222.079.1000B.NM102.010 | 07/01/2011 | | NM102 | Entity Type Qualifier | ID | 1-1 | R | | | 2 | 999 | R | IK403 = 1: "Required Data Element Missing" | 1000B.NM102 must be present. | |
| X222.079.1000B.NM102.020 | 07/01/2011 | | NM102 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 1000B.NM102 must be "2". | |
| X222.079.1000B.NM103.010 | 07/01/2011 | | NM103 | Receiver Name | AN | 1-60 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 1000B.NM103 must be present. | |
| X222.079.1000B.NM103.020 | 07/01/2011 | | NM103 | | | | | | | | 999 | R | IK403 = 5: "Data Element Too Long" | 1000B.NM103 must be 1 - 60 characters. | |
| X222.079.1000B.NM103.030 | 07/01/2011 | | NM103 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 1000B.NM103 must be populated with accepted AN characters. | |
| X222.079.1000B.NM103.040 | 07/01/2011 | | NM103 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 1000B.NM103 must contain at least one non-space character. | |
| X222.079.1000B.NM104.010 | 07/01/2011 | | NM104 | Name First | AN | 1-35 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.079.1000B.NM105.010 | 07/01/2011 | | NM105 | Name Middle | AN | 1-25 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.079.1000B.NM106.010 | 07/01/2011 | | NM106 | Name Prefix | AN | 1-10 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.079.1000B.NM107.010 | 07/01/2011 | | NM107 | Name Suffix | AN | 1-10 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.079.1000B.NM108.010 | 07/01/2011 | | NM108 | Identification Code Qualifier | ID | 1-2 | R | | | 46 | 999 | R | IK403 = 1: "Required Data Element Missing" | 1000B.NM108 must be present. | |
| X222.079.1000B.NM108.020 | 07/01/2011 | | NM108 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 1000B.NM108 must be "46". | |
| X222.079.1000B.NM109.010 | 07/01/2011 | | NM109 | Receiver Primary Identifier | AN | 2-80 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 1000B.NM109 must be present. | |
| X222.079.1000B.NM109.020 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.079.1000B.NM109.030 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.079.1000B.NM109.040 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.079.1000B.NM109.050 | 07/01/2011 | | NM109 | | | | | | | | 999 | R | IK403 = I12: "Implementation Pattern Match Failure" | 1000B.NM109 must be [contractor put receiver code here] | |
| X222.079.1000B.NM110.010 | 07/01/2011 | | NM110 | Entity Relationship Code | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.079.1000B.NM111.010 | 07/01/2011 | | NM111 | Entity Identifier Code | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.079.1000B.NM112.010 | 07/01/2011 | | NM112 | Name Last or Organization Name | AN | 1-60 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.081.2000A..010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.081.2000A..020 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.081.2000A.HL.010 | 07/01/2011 | | HL | BILLING PROVIDER HIERARCHICAL LEVEL | | 1 | R | 2000A | 1 | | 999 | R | IK304 = 3: "Required Segment Missing" | 2000A.HL must be present. | |
| X222.081.2000A.HL.020 | 07/01/2011 | | HL | | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2000A.HL is allowed. | This error means there can only be one HL in each iteration of the loop. |
| X222.081.2000A.HL01.010 | 07/01/2011 | | HL01 | Hierarchical ID Number | AN | 1-12 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000A.HL01 must be present. | |
| X222.081.2000A.HL01.020 | 07/01/2011 | | HL01 | | | | | | | | 999 | R | IK403 = 5: "Data Element Too Long" | 2000A.HL01 must be 1 - 12 characters. | |
| X222.081.2000A.HL01.030 | 07/01/2011 | | HL01 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2000A.HL01 must be numeric. | |
| X222.081.2000A.HL01.040 | 07/01/2011 | | HL01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | The first HL01 must be "1". | |
| X222.081.2000A.HL02.010 | 07/01/2011 | | HL02 | Hierarchical Parent ID Number | AN | 1-12 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.081.2000A.HL03.010 | 07/01/2011 | | HL03 | Hierarchical Level Code | ID | 1-2 | R | | | 20 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000A.HL03 must be present. | |
| X222.081.2000A.HL03.020 | 07/01/2011 | | HL03 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2000A.HL03 must be "20". | |
| X222.081.2000A.HL04.010 | 07/01/2011 | | HL04 | Hierarchical Child Code | ID | 1-1 | R | | | 1 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000A.HL04 must be present. | |
| X222.081.2000A.HL04.020 | 07/01/2011 | | HL04 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2000A.HL04 must be "1". | |
| X222.083.2000A.PRV.010 | 07/01/2011 | | PRV | BILLING PROVIDER SPECIALTY INFORMATION | | 1 | S | 2000A | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2000A.PRV is allowed. | |
| X222.083.2000A.PRV01.010 | 07/01/2011 | | PRV01 | Provider Code | ID | 1-3 | R | | | BI | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000A.PRV01 must be present. | |
| X222.083.2000A.PRV01.020 | 07/01/2011 | | PRV01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2000A.PRV01 must be "BI". | |
| X222.083.2000A.PRV02.010 | 07/01/2011 | | PRV02 | Reference Identification Qualifier | ID | 2-3 | R | | | PXC | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000A.PRV02 must be present. | |
| X222.083.2000A.PRV02.020 | 07/01/2011 | | PRV02 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2000A.PRV02 must be "PXC". | |
| X222.083.2000A.PRV03.010 | 07/01/2011 | | PRV03 | Provider Taxonomy Code | AN | 1-50 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000A.PRV03 must be present. | |
| X222.083.2000A.PRV03.020 | 07/01/2011 | | PRV03 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 145: "Entity's specialty/taxonomy code" EIC: 85 "Billing Provider" | 2000A.PRV03 must be a valid Provider Taxonomy Code | Valid Provider Taxonomy Code reference must be available for this edit. |
| X222.083.2000A.PRV04.010 | 07/01/2011 | | PRV04 | State or Province Code | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.083.2000A.PRV05.010 | 07/01/2011 | | PRV05 | PROVIDER SPECIALTY INFORMATION | | | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.083.2000A.PRV06.010 | 07/01/2011 | | PRV06 | Provider Organization Code | ID | 3-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.084.2000A.CUR.010 | 07/01/2011 | | CUR | FOREIGN CURRENCY INFORMATION | | 1 | S | 2000A | | | 999 | E | IK304 = I4: "Implementation "Not Used" Segment Present" | 2000A.CUR must not be present. | Medicare does not support submission of foreign currency. 01/20: Companion Guide Note needed. |
| X222.084.2000A.CUR.020 | 07/01/2011 | | CUR | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 681: "Claim Currency Not Supported" | | |
| X222.087.2010AA..010 | 07/01/2011 | | | Billing Provider Name Loop | | 1 | R | 2010AA | 1 | | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only one iteration of 2010AA is allowed. | |
| X222.087.2010AA.NM1.010 | 07/01/2011 | | NM1 | Billing Provider Name | | | | | | | 999 | R | IK304 = 3: "Required Segment Missing" | 2010AA.NM1 must be present. | |
| X222.087.2010AA.NM101.010 | 07/01/2011 | | NM101 | Entity Identifier Code | ID | 2-3 | R | | | 85 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010AA.NM101 must be present. | |
| X222.087.2010AA.NM101.020 | 07/01/2011 | | NM101 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2010AA.NM101 must be "85". | |
| X222.087.2010AA.NM102.010 | 07/01/2011 | | NM102 | Entity Type Qualifier | ID | 1-1 | R | | | 1, 2 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010AA.NM102 must be present. | |
| X222.087.2010AA.NM102.020 | 07/01/2011 | | NM102 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2010AA.NM102 must be valid values. | |
| X222.087.2010AA.NM103.010 | 07/01/2011 | | NM103 | Billing Provider Last or Organizational Name | AN | 1-60 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010AA.NM103 must be present. | |
| X222.087.2010AA.NM103.020 | 07/01/2011 | | NM103 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AA.NM103 must contain at least one non-space character. | |
| X222.087.2010AA.NM103.030 | 07/01/2011 | | NM103 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2010AA.NM103 must be 1 - 60 characters. | |
| X222.087.2010AA.NM103.040 | 07/01/2011 | | NM103 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 504: "Entity's Last Name" EIC: 85 "Billing Provider" | | |
| X222.087.2010AA.NM103.050 | 07/01/2011 | | NM103 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AA.NM103 must be populated with accepted AN characters. | |
| X222.087.2010AA.NM103.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.087.2010AA.NM104.010 | 07/01/2011 | | NM104 | Billing Provider First Name | AN | 1-35 | S | | | | 999 | E | IK403 = I13: "Implementation Dependent "Not Used" Data Element Present" | If 2010AA.NM102 is "2", 2010AA.NM104 must not be present. | |
| X222.087.2010AA.NM104.020 | 07/01/2011 | | NM104 | | | | | | | | 277 | T | CSCC A8: "Acknowledgement/Rejected for relational field in error." CSC 505: "Entity's First Name" EIC: 85 "Billing Provider" | | |
| X222.087.2010AA.NM104.030 | 07/01/2011 | | NM104 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AA.NM104 must contain at least one non-space character. | |
| X222.087.2010AA.NM104.040 | 07/01/2011 | | NM104 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2010AA.NM104 must be 1 - 35 characters. | |
| X222.087.2010AA.NM104.050 | 07/01/2011 | | NM104 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 505: "Entity's First Name" EIC: 85 "Billing Provider" | | |
| X222.087.2010AA.NM104.060 | 07/01/2011 | | NM104 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AA.NM104 must be populated with accepted AN characters. | |
| X222.087.2010AA.NM104.070 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.087.2010AA.NM105.010 | 07/01/2011 | | NM105 | Billing Provider Middle Name | AN | 1-25 | S | | | | 999 | E | IK403 = I13: "Implementation Dependent "Not Used" Data Element Present" | If 2010AA.NM102 is "2", 2010AA.NM105 must not be present. | |
| X222.087.2010AA.NM105.020 | 07/01/2011 | | NM105 | | | | | | | | 277 | T | CSCC A8: "Acknowledgement/Rejected for relational field in error." CSC 514: "Entity's Middle Name" EIC: 85 "Billing Provider" | | |
| X222.087.2010AA.NM105.030 | 07/01/2011 | | NM105 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AA.NM105 must contain at least one non-space character. | |
| X222.087.2010AA.NM105.040 | 07/01/2011 | | NM105 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2010AA.NM105 must be 1 - 25 characters. | |
| X222.087.2010AA.NM105.050 | 07/01/2011 | | NM105 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 514: "Entity's Middle Name" EIC: 85 "Billing Provider" | | |
| X222.087.2010AA.NM105.060 | 07/01/2011 | | NM105 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AA.NM105 must be populated with accepted AN characters. | |
| X222.087.2010AA.NM105.065 | 04/01/2013 | | NM105 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 514: "Entity's Middle Name" EIC: 85 "Billing Provider" | The first position of 2010AA.NM105 must be alphabetic (A…Z). | To prevent continued processing and later rejection of claims (CWF) having an incorrect character in this position, such as a paren. |
| X222.087.2010AA.NM105.070 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.087.2010AA.NM106.010 | 07/01/2011 | | NM106 | Name Prefix | AN | 1-10 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.087.2010AA.NM107.010 | 07/01/2011 | | NM107 | Billing Provider Name Suffix | AN | 1-10 | S | | | | 999 | E | IK403 = I13: "Implementation Dependent "Not Used" Data Element Present" | If 2010AA.NM102 is "2", 2010AA.NM107 must not be present. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.087.2010AA.NM107.020 | 07/01/2011 | | NM107 | | | | | | | | 277 | T | CSCC A8: "Acknowledgement/Rejected for relational field in error." CSC 125: "Entity's Name" EIC: 85 "Billing Provider" | | |
| X222.087.2010AA.NM107.030 | 07/01/2011 | | NM107 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AA.NM107 must contain at least one non-space character. | |
| X222.087.2010AA.NM107.040 | 07/01/2011 | | NM107 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2010AA.NM107 must be 1 - 10 characters. | |
| X222.087.2010AA.NM107.050 | 07/01/2011 | | NM107 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 125: "Entity's Name" EIC: 85 "Billing Provider" | | |
| X222.087.2010AA.NM107.060 | 07/01/2011 | | NM107 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AA.NM107 must be populated with accepted AN characters. | |
| X222.087.2010AA.NM107.070 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.087.2010AA.NM108.010 | 07/01/2011 | | NM108 | Identification Code Qualifier | ID | 1-2 | S | | | XX | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error." CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: 85 "Billing Provider" | | Trailblazer or JH (Texas) only, as appropriate per current MAC contract for VA Medicare Equivalent Remittance Advice (MRA) Project claims. 01/20: Companion Guide Note needed. |
| X222.087.2010AA.NM108.020 | 07/01/2011 | | NM108 | | | | | | | | 277 | C | CSCC A6: "Acknowledgement/Rejected for Missing Information…" CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: 85 "Billing Provider" | 2010AA.NM108 must be present. | Everyone but Trailblazer or JH (Texas); as appropriate for current MAC contract for VA MRA Project claims.) 01/20: Companion Guide Note needed. |
| X222.087.2010AA.NM108.030 | 07/01/2011 | | NM108 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2010AA.NM108 must be "XX". | Does not apply to TrailBlazer or JH (Texas), appropriate for current MAC contract for VA MRA Project claims |
| X222.087.2010AA.NM109.010 | 07/01/2011 | | NM109 | Billing Provider Identifier | AN | 2-80 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2010AA.NM109 must be present if 2010AA.NM108 is present. | |
| X222.087.2010AA.NM109.020 | 07/01/2011 | | NM109 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: 85 "Billing Provider" | 2010AA.NM109 must be valid according to the NPI algorithm. | |
| X222.087.2010AA.NM109.030 | 07/01/2011 | | NM109 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: 85 "Billing Provider" | 2010AA.NM109 must be a valid NPI on the Crosswalk when evaluated with 1000B.NM109. | Valid NPI Crosswalk must be available for this edit. This edit does not apply for VA DMEPOS eMRA claims. |
| X222.087.2010AA.NM109.040 | 07/01/2011 | | NM109 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: 85 "Billing Provider" | The first position of 2010AA.NM109 must be a "1". | 11/25: reference CR 6198. |
| X222.087.2010AA.NM109.050 | 07/01/2011 | | NM109 | | | | | | | | 277 | T | CSCC A8: "Acknowledgement/Rejected for relational field in error" CSC 496 "Submitter not approved for electronic claim submissions on behalf of this entity." EIC: 85 "Billing Provider" | 2010AA.NM109 billing provider must be "associated" to the submitter (from a trading partner management perspective) in 1000A.NM109. -OR- | Contractors are free to choose the edit that best fits their internal business procedures. |
| X222.087.2010AA.NM109.050 | 07/01/2011 | | NM109 | | | | | | | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error" CSC 496 "Submitter not approved for electronic claim submissions on behalf of this entity." EIC: 85 "Billing Provider" | 2010AA.NM109 billing provider must be "associated" to the submitter (from a trading partner management perspective) in 1000A.NM109. | |
| X222.087.2010AA.NM110.010 | 07/01/2011 | | NM110 | Entity Relationship Code | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.087.2010AA.NM111.010 | 07/01/2011 | | NM111 | Entity Identifier Code | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.087.2010AA.NM112.010 | 07/01/2011 | | NM112 | Name Last or Organization Name | AN | 1-60 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.091.2010AA.N3.010 | 07/01/2011 | | N3 | BILLING PROVIDER ADDRESS | | 1 | R | 2010AA | | | 999 | R | IK304 = 3: "Required Segment Missing" | 2010AA.N3 must be present. | |
| X222.091.2010AA.N3.020 | 07/01/2011 | | N3 | | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2010AA.N3 is allowed. | |
| X222.091.2010AA.N301.010 | 07/01/2011 | | N301 | Billing Provider Address Line | AN | 1-55 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010AA.N301 must be present. | |
| X222.091.2010AA.N301.020 | 07/01/2011 | | N301 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AA.N301 must contain at least one non-space character. | |
| X222.091.2010AA.N301.030 | 07/01/2011 | | N301 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2010AA.N301 must be 1 - 55 characters. | |
| X222.091.2010AA.N301.040 | 07/01/2011 | | N301 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 126: "Entity's Address" EIC: 85 "Billing Provider" | | |
| X222.091.2010AA.N301.050 | 07/01/2011 | | N301 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AA.N301 must be populated with accepted AN characters. | |
| X222.091.2010AA.N301.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.091.2010AA.N301.070 | 07/01/2011 | | N301 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 503: "Entity's Street Address" EIC: 85 "Billing Provider" | 2010AA.N301 must not contain the following exact phrases (not case sensitive): "Post Office Box", "P.O. Box", "PO Box", "P O Box", "Lock Box", "Lock Bin" | N301 must be a street address, not a post office box or lock box. |
| X222.091.2010AA.N302.005 | 07/01/2011 | | N302 | Billing Provider Address Line | AN | 1-55 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AA.N302 must contain at least one non-space character. | |
| X222.091.2010AA.N302.010 | 07/01/2011 | | N302 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2010AA.N302 must be 1 - 55 characters. | |
| X222.091.2010AA.N302.020 | 07/01/2011 | | N302 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 126: "Entity's Address" EIC: 85 "Billing Provider" | | |
| X222.091.2010AA.N302.030 | 07/01/2011 | | N302 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AA.N302 must be populated with accepted AN characters. | |
| X222.091.2010AA.N302.040 Edit Deactivated | 07/01/2011 | **07/01/2011** | | | | | | | | | | | | | |
| X222.091.2010AA.N302.050 Edit Deactivated | 07/01/2011 | **07/01/2011** | | | | | | | | | | | | | |
| X222.091.2010AA.N302.060 | 07/01/2011 | | N302 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 503: "Entity's Street Address" EIC: 85 "Billing Provider" | 2010AA.N302 must not contain the following exact phrases (not case sensitive): "Post Office Box", "P.O. Box", "PO Box", "P O Box", "Lock Box", "Lock Bin" | N302 must be a street address, not a post office box or lock box. |
| X222.092.2010AA.N4.010 | 07/01/2011 | | **N4** | **BILLING PROVIDER CITY/STATE/ZIP CODE** | | **1** | **R** | **2010AA** | | | **999** | **R** | IK304 = 3: "Required Segment Missing" | **2010AA.N4 must be present.** | |
| X222.092.2010AA.N4.020 | 07/01/2011 | | **N4** | | | | | | | | **999** | **R** | IK304 = 5: "Segment Exceeds Maximum Use" | **Only one iteration of 2010AA.N4 is allowed.** | |
| X222.092.2010AA.N401.010 | 07/01/2011 | | N401 | Billing Provider City Name | AN | 2-30 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010AA.N401 must be present. | |
| X222.092.2010AA.N401.020 | 07/01/2011 | | N401 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AA.N401 must contain at least two non-space characters. | |
| X222.092.2010AA.N401.030 | 07/01/2011 | | N401 | | | | | | | | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" | 2010AA.N401 must be 2-30 characters. | |
| X222.092.2010AA.N401.040 | 07/01/2011 | | N401 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 502: "Entity's City" EIC: 85 "Billing Provider" | | |
| X222.092.2010AA.N401.050 | 07/01/2011 | | N401 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AA.N401 must be populated with accepted AN characters. | |
| X222.092.2010AA.N401.060 Edit Deactivated | 07/01/2011 | **07/01/2011** | | | | | | | | | | | | | |
| X222.092.2010AA.N402.010 | 07/01/2011 | | N402 | Billing Provider State or Province Code | ID | 2-2 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2010AA.N404 is not present, 2010AA.N402 must be present. | |
| X222.092.2010AA.N402.020 | 07/01/2011 | | N402 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 501: "Entity's State/Province" EIC: 85 "Billing Provider" | 2010AA.N402 must be a valid State Code. | Valid State Code reference must be available for this edit. |
| X222.092.2010AA.N403.010 | 07/01/2011 | | N403 | Billing Provider Postal Zone or ZIP Code | ID | 3-15 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2010AA.N404 is not present, 2010AA.N403 must be present. | |
| X222.092.2010AA.N403.020 | 07/01/2011 | | N403 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 500: "Entity's Postal/Zip Code" EIC: 85 "Billing Provider" | 2010AA.N403 must be a valid 9 digit Zip Code. | Valid Zip Code reference must be available for this edit. |
| X222.092.2010AA.N404.010 | 07/01/2011 | | N404 | Country Code | ID | 2-3 | S | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.092.2010AA.N405.010 | 07/01/2011 | | N405 | Location Qualifier | ID | 1-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.092.2010AA.N406.010 | 07/01/2011 | | N406 | Location Identifier | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.092.2010AA.N407.005 | 07/01/2011 | | N407 | Country Subdivision Code | ID | 1-3 | S | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.092.2010AA.N407.010 Edit Deactivated | 07/01/2011 | **07/01/2011** | | | | | | | | | | | | | |
| X222.092.2010AA.N407.020 Edit Deactivated | 07/01/2011 | **07/01/2011** | | | | | | | | | | | | | |
| X222.094.2010AA.REF.010 | 07/01/2011 | | **REF** | **BILLING PROVIDER TAX IDENTIFICATION** | | **1** | **R** | **2010AA** | | | **999** | **R** | IK304 = 3: "Required Segment Missing" | **2010AA.REF must be present.** | |
| X222.094.2010AA.REF.020 | 07/01/2011 | | **REF** | | | | | | | | | **999** | **R** | IK304 = 5: "Segment Exceeds Maximum Use" | **Only one iteration of 2010AA.REF with REF01 = "EI" or "SY" is allowed.** | |
| X222.094.2010AA.REF01.010 | 07/01/2011 | | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | EI, SY | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010AA.REF01 must be present. | |
| X222.094.2010AA.REF01.020 | 07/01/2011 | | REF01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2010AA.REF01 must be valid values. | |
| X222.094.2010AA.REF02.010 | 07/01/2011 | | REF02 | Billing Provider Tax Identification Number | AN | 1-50 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010AA.REF02 must be present. | |
| X222.094.2010AA.REF02.020 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AA.REF02 must be populated with accepted AN characters. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.094.2010AA.REF02.030 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.094.2010AA.REF02.040 | 07/01/2011 | | REF02 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 128: "Entity's tax id" EIC: 85 "Billing Provider" | 2010AA.REF02 must be nine digits with no punctuation. | |
| X222.094.2010AA.REF02.050 | 07/01/2011 | | REF02 | | | | | | | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error" CSC 562: "Entity's National Provider Identifier (NPI)" CSC 128: "Entity's tax id" EIC: 85 "Billing Provider" | 2010AA.REF must be associated with the provider identified in 2010AA.NM109 | Valid NPI Crosswalk must be available for this edit. The NPI crosswalk is used to validate the tax information submitted in this loop. This edit does not apply for VA DMEPOS eMRA claims. |
| X222.094.2010AA.REF03.010 | 07/01/2011 | | REF03 | Description | AN | 1-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.094.2010AA.REF04.010 | 07/01/2011 | | REF04 | REFERENCE IDENTIFIER | | | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.096.2010AA.REF.010 | 07/01/2011 | | REF | BILLING PROVIDER UPIN/LICENSE INFORMATION | | 2 | S | 2010AA | | | 999 | R | IK304 = I9: "Implementation Dependent "Not Used" Segment Present" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims. 01/20: Companion Guide Note needed. |
| X222.096.2010AA.REF.020 | 07/01/2011 | | REF | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: 85 "Billing Provider" | | Trailblazer or JH (Texas) only as appropriate for current MAC contract for VA MRA Project claims. 01/20: Companion Guide Note needed. |
| X222.096.2010AA.REF.030 | 07/01/2011 | | REF | | | | | | | | 999 | R | IK304 = I9: "Implementation Dependent "Not Used" Segment Present" | 2010AA.REF must not be present. | Everyone but Trailblazer or JH (Texas); as appropriate for current MAC contract for VA MRA Project claims. 01/20: Companion Guide Note needed. |
| X222.096.2010AA.REF01.010 | 07/01/2011 | | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | 0B, 1G | 999 | R | IK403 = 1: "Required Data Element Missing" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims. 01/20: Companion Guide Note needed. |
| X222.096.2010AA.REF01.020 | 07/01/2011 | | REF01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims. 01/20: Companion Guide Note needed. |
| X222.096.2010AA.REF02.010 | 07/01/2011 | | REF02 | Billing Provider Additional Identifier | AN | 1-50 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims. 01/20: Companion Guide Note needed. |
| X222.096.2010AA.REF02.020 | 07/01/2011 | | REF02 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 164: "Entity's contract/member number" EIC: 85 "Billing Provider" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims. 01/20: Companion Guide Note needed. |
| X222.096.2010AA.REF02.030 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.096.2010AA.REF03.010 | 07/01/2011 | | REF03 | Description | AN | 1-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.096.2010AA.REF04.010 | 07/01/2011 | | REF04 | REFERENCE IDENTIFIER | | | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.098.2010AA.PER.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.098.2010AA.PER.020 | 07/01/2011 | | PER | BILLING PROVIDER CONTACT INFORMATION | | 2 | S | 2010AA | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only two iterations of 2010AA.PER are allowed. | |
| X222.098.2010AA.PER01.010 | 07/01/2011 | | PER01 | Contact Function Code | ID | 2-2 | R | | | IC | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010AA.PER01 must be present. | |
| X222.098.2010AA.PER01.020 | 07/01/2011 | | PER01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2010AA.PER01 must be "IC". | |
| X222.098.2010AA.PER02.010 | 07/01/2011 | | PER02 | Billing Provider Contact Name | AN | 1-60 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | For the 1st 2010AA.PER transmitted, 2010AA.PER02 must be present. | |
| X222.098.2010AA.PER02.020 | 07/01/2011 | | PER02 | | | | | | | | 999 | R | IK403 = I13: "Implementation Dependent "Not Used" Data Element Present" | For the 2nd 2010AA.PER transmitted, 2010AA.PER02 must not be present. | |
| X222.098.2010AA.PER02.030 | 07/01/2011 | | PER02 | | | | | | | | 999 | R | IK403 = 10: "Exclusion Condition Violated" | 2010AA.PER02 must not = 1000A.PER02. | |
| X222.098.2010AA.PER02.040 | 07/01/2011 | | PER02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AA.PER02 must contain at least one non-space character. | |
| X222.098.2010AA.PER02.050 | 07/01/2011 | | PER02 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2010AA.PER02 must be 1 - 60 characters. | |
| X222.098.2010AA.PER02.060 | 07/01/2011 | | PER02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 561: "Entity's Contact Name" EIC: 85 "Billing Provider" | | |
| X222.098.2010AA.PER02.070 | 07/01/2011 | | PER02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AA.PER02 must be populated with accepted AN characters. | |
| X222.098.2010AA.PER02.080 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.098.2010AA.PER03.010 | 07/01/2011 | | PER03 | Communication Number Qualifier | ID | 2-2 | R | | | EM, FX, TE | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010AA.PER03 must be present. | |
| X222.098.2010AA.PER03.020 | 07/01/2011 | | PER03 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2010AA.PER03 must be valid values. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.098.2010AA.PER04.010 | 07/01/2011 | | PER04 | Communication Number | AN | 1-256 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010AA.PER04 must be present. | |
| X222.098.2010AA.PER04.020 | 07/01/2011 | | PER04 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AA.PER04 must contain at least one non-space character. | |
| X222.098.2010AA.PER04.030 | 07/01/2011 | | PER04 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2010AA.PER04 must be 1 - 256 characters. | |
| X222.098.2010AA.PER04.040 | 07/01/2011 | | PER04 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 127: "Entity's Communication Number" EIC: 85 "Billing Provider" | | |
| X222.098.2010AA.PER04.050 | 07/01/2011 | | PER04 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AA.PER04 must be populated with accepted AN characters. | |
| X222.098.2010AA.PER04.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.098.2010AA.PER04.070 | 01/01/2013 | | PER04 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 127: "Entity's Communication Number" EIC: 85 "Billing Provider" | 2010AA.PER04 must be populated with exactly ten numeric characters when 2010AA.PER03 equals TE or FX. | |
| X222.098.2010AA.PER05.010 | 07/01/2011 | | PER05 | Communication Number Qualifier | ID | 2-2 | S | | | EM, EX, FX, TE | 999 | R | IK403 = 7: "Invalid Code Value" | 2010AA.PER05 must be valid values. | |
| X222.098.2010AA.PER05.020 | 07/01/2011 | | PER05 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | If 2010AA.PER05 is "EX" 2010AA.PER03 must be "TE". | |
| X222.098.2010AA.PER06.010 | 07/01/2011 | | PER06 | Communication Number | AN | 1-256 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2010AA.PER06 is present 2010AA.PER05 must be present. | |
| X222.098.2010AA.PER06.015 | 07/01/2011 | | PER06 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AA.PER06 must contain at least one non-space character. | |
| X222.098.2010AA.PER06.020 | 07/01/2011 | | PER06 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2010AA.PER06 must be 1 - 256 characters. | |
| X222.098.2010AA.PER06.025 | 07/01/2011 | | PER06 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 127: "Entity's Communication Number" EIC: 85 "Billing Provider" | | |
| X222.098.2010AA.PER06.030 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.098.2010AA.PER06.040 | 07/01/2011 | | PER06 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AA.PER06 must be populated with accepted AN characters. | |
| X222.098.2010AA.PER06.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.098.2010AA.PER06.060 | 01/01/2013 | | PER06 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 127: "Entity's Communication Number" EIC: 85 "Billing Provider" | 2010AA.PER06 must be populated with exactly ten numeric characters when 2010AA.PER05 equals TE or FX. | |
| X222.098.2010AA.PER07.010 | 07/01/2011 | | PER07 | Communication Number Qualifier | ID | 2-2 | S | | | EM, EX, FX, TE | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2010AA.PER07 is present, 2010AA.PER05 must be present. | |
| X222.098.2010AA.PER07.020 | 07/01/2011 | | PER07 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2010AA.PER07 must be valid values. | |
| X222.098.2010AA.PER07.030 | 07/01/2011 | | PER07 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | If 2010AA.PER07 is "EX", 2010AA.PER05 must be "TE". | |
| X222.098.2010AA.PER08.010 | 07/01/2011 | | PER08 | Communication Number | AN | 1-256 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2010AA.PER07 is present, 2010AA.PER08 must be present. | |
| X222.098.2010AA.PER08.015 | 07/01/2011 | | PER08 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AA.PER08 must contain at least one non-space character. | |
| X222.098.2010AA.PER08.020 | 07/01/2011 | | PER08 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2010AA.PER08 must be 1 - 256 characters. | |
| X222.098.2010AA.PER08.025 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.098.2010AA.PER08.030 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.098.2010AA.PER08.040 | 07/01/2011 | | PER08 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AA.PER08 must be populated with accepted AN characters. | |
| X222.098.2010AA.PER08.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.098.2010AA.PER08.060 | 01/01/2013 | | PER08 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 127: "Entity's Communication Number" EIC: 85 "Billing Provider" | 2010AA.PER08 must be populated with exactly ten numeric characters when 2010AA.PER07 equals TE or FX. | |
| X222.098.2010AA.PER09.010 | 07/01/2011 | | PER09 | Contact Inquiry Reference | AN | 1-20 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.101.2010AB.NM1.010 | 07/01/2011 | | NM1 | PAY-TO ADDRESS NAME | | 1 | S | 2010AB | 1 | | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only one iteration of 2010AB.NM1 is allowed. | |
| X222.101.2010AB.NM101.010 | 07/01/2011 | | NM101 | Entity Identifier Code | ID | 2-3 | R | | | 87 | 999 | R | IK403 = 1: Required Data Element Missing" | 2010AB.NM101 must be present. | |
| X222.101.2010AB.NM101.020 | 07/01/2011 | | NM101 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2010AB.NM101 must be "87". | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.101.2010AB.NM102.010 | 07/01/2011 | | NM102 | Entity Type Qualifier | ID | 1-1 | R | | | 1, 2 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010AB.NM102 must be present. | |
| X222.101.2010AB.NM102.020 | 07/01/2011 | | NM102 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2010AB.NM102 must be valid values. | |
| X222.101.2010AB.NM103.010 | 07/01/2011 | | NM103 | Pay-to Provider Last or Organization Name | AN | 1-60 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.101.2010AB.NM104.010 | 07/01/2011 | | NM104 | Pay-to Provider First Name | AN | 1-35 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.101.2010AB.NM105.010 | 07/01/2011 | | NM105 | Pay-to Provider Middle Name | AN | 1-25 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.101.2010AB.NM106.010 | 07/01/2011 | | NM106 | Name Prefix | AN | 1-10 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.101.2010AB.NM107.010 | 07/01/2011 | | NM107 | Pay-to Provider Name Suffix | AN | 1-10 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.101.2010AB.NM108.010 | 07/01/2011 | | NM108 | Identification Code Qualifier | ID | 1-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.101.2010AB.NM109.010 | 07/01/2011 | | NM109 | Pay-to Provider Identifier | AN | 2-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.101.2010AB.NM110.010 | 07/01/2011 | | NM110 | Entity Relationship Code | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.101.2010AB.NM111.010 | 07/01/2011 | | NM111 | Entity Identifier Code | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.101.2010AB.NM112.010 | 07/01/2011 | | NM112 | Name Last or Organization Name | AN | 1-60 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.103.2010AB.N3.010 | 07/01/2011 | | N3 | PAY-TO ADDRESS | | 1 | R | 2010AB | | | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | If 2010AB.NM1 is present, 2010AB.N3 must be present. | |
| X222.103.2010AB.N3.020 | 07/01/2011 | | N3 | | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2010AB.N3 is allowed. | |
| X222.103.2010AB.N301.010 | 07/01/2011 | | N301 | Pay-to Provider Address Line | AN | 1-55 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010AB.N301 must be present. | |
| X222.103.2010AB.N301.020 | 07/01/2011 | | N301 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AB.N301 must contain at least one non-space character. | |
| X222.103.2010AB.N301.030 | 07/01/2011 | | N301 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2010AB.N301 must be 1 - 55 characters. | |
| X222.103.2010AB.N301.040 | 07/01/2011 | | N301 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 126: "Entity's Address" EIC: 87 "Pay-to Provider" | | |
| X222.103.2010AB.N301.050 | 07/01/2011 | | N301 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AB.N301 must be populated with accepted AN character. | |
| X222.103.2010AB.N301.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.103.2010AB.N302.010 | 07/01/2011 | | N302 | Pay-to Provider Address Line | AN | 1-55 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AB.N302 must contain at least one non-space character. | |
| X222.103.2010AB.N302.020 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.103.2010AB.N302.030 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.103.2010AB.N302.040 | 07/01/2011 | | N302 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2010AB.N302 must be 1 - 55 characters. | |
| X222.103.2010AB.N302.045 | 07/01/2011 | | N302 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 126: "Entity's Address" EIC: 87 "Pay-to Provider" | | |
| X222.103.2010AB.N302.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.103.2010AB.N302.060 | 07/01/2011 | | N302 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AB.N302 must be populated with accepted AN character. | |
| X222.103.2010AB.N302.070 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.104.2010AB.N4.010 | 07/01/2011 | | N4 | PAY-TO ADDRESS CITY/STATE/ZIP CODE | | 1 | R | 2010AB | | | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | If 2010AB.NM1 is present, 2010AB.N4 must be present. | |
| X222.104.2010AB.N4.020 | 07/01/2011 | | N4 | | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2010AB.N4 is allowed. | |
| X222.104.2010AB.N401.010 | 07/01/2011 | | N401 | Pay-to Address City Name | AN | 2-30 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010AB.N401 must be present. | |
| X222.104.2010AB.N401.020 | 07/01/2011 | | N401 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AB.N401 must contain at least two non-space characters. | |
| X222.104.2010AB.N401.030 | 07/01/2011 | | N401 | | | | | | | | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" | 2010AB.N401 must be 2-30 characters. | |
| X222.104.2010AB.N401.040 | 07/01/2011 | | N401 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 502: "Entity's City" EIC: 87 "Pay-to Provider" | | |
| X222.104.2010AB.N401.050 | 07/01/2011 | | N401 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010AB.N401 must be populated with accepted AN characters. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.104.2010AB.N401.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.104.2010AB.N402.010 | 07/01/2011 | | N402 | Pay-to Address State Code | ID | 2-2 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2010AB.N404 is not present, 2010AB.N402 must be present. | |
| X222.104.2010AB.N402.020 | 07/01/2011 | | N402 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 501: "Entity's State/Province Code" EIC: 87 "Pay-to Provider" | 2010AB.N402 must be a valid State Code. | Valid State Code reference must be available for this edit. |
| X222.104.2010AB.N403.010 | 07/01/2011 | | N403 | Pay-to Address Postal Zone or ZIP Code | ID | 3-15 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2010AB.N404 is not present, 2010AB.N403 must be present. | |
| X222.104.2010AB.N403.020 | 07/01/2011 | | N403 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 500: "Entity's Postal/Zip Code" EIC: 87 "Pay-to Provider" | 2010AB.N403 must be a valid Zip Code. | Valid Zip Code reference must be available for this edit. |
| X222.104.2010AB.N403.030 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.104.2010AB.N404.010 | 07/01/2011 | | N404 | Country Code | ID | 2-3 | S | | | | 999 | E | IK403 = I10: "Implementation 'Not Used' Element Present" | Must not be present. | |
| X222.104.2010AB.N405.010 | 07/01/2011 | | N405 | Location Qualifier | ID | 1-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation 'Not Used' Element Present" | Must not be present. | |
| X222.104.2010AB.N406.010 | 07/01/2011 | | N406 | Location Identifier | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation 'Not Used' Element Present" | Must not be present. | |
| X222.104.2010AB.N407.005 | 07/01/2011 | | N407 | Country Subdivision Code | ID | 1-3 | S | | | | 999 | E | IK403 = I10: "Implementation 'Not Used' Element Present" | Must not be present. | |
| X222.104.2010AB.N407.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.104.2010AB.N407.020 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.106.2010AC..010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.106.2010AC.NM1.010 | 07/01/2011 | | NM1 | PAY-TO PLAN NAME | | 1 | S | 2010AC | | | 277 | T | CSCC A3: "Acknowledgement/Returned as unprocessable claim" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 125: "Entity's name." EIC: 87 "Pay-to Provider" | 2010AC.NM1 must not be present | Loop not accepted by Medicare. 11/20: Companion Guide Note needed. |
| X222.108.2010AC.N3.010 | 07/01/2011 | | N3 | PAY-TO PLAN ADDRESS | | 1 | R | 2010AC | | | 277 | T | CSCC A3: "Acknowledgement/Rejected as unprocessable claim" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 503: "Entity's Street Address." EIC: 87 "Pay-to Provider" | 2010AC.N3 must not be present. | Loop not accepted by Medicare. 11/20: Companion Guide Note needed. |
| X222.109.2010AC.N4.010 | 07/01/2011 | | N4 | PAY-TO PLAN CITY/STATE/ZIP CODE | | 1 | R | 2010AC | | | 277 | T | CSCC A3: "Acknowledgement/Rejected as unprocessable claim" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 126: "Entity's Address." EIC: 87 "Pay-to Provider" | 2010AC.N4 must not be present. | Loop not accepted by Medicare. 11/20: Companion Guide Note needed. |
| X222.111.2010AC.REF.010 | 07/01/2011 | | REF | PAY-TO PLAN SECONDARY IDENTIFICATION NUMBER | | 1 | R | 2010AC | | | 277 | T | CSCC A3: "Acknowledgement/Rejected as unprocessable claim" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier. " EIC: 87 "Pay-to Provider" | 2010AC.REF must not be present. | Loop not accepted by Medicare. 11/20: Companion Guide Note needed. |
| X222.113.2010AC.REF.020 | 07/01/2011 | | REF | PAY-TO PLAN TAX IDENTIFICATION NUMBER | | 1 | R | 2010AC | | | 277 | T | CSCC A3: "Acknowledgement/Rejected as unprocessable claim" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 128: "Entity's tax id." EIC: 87 "Pay-to Provider" | 2010AC.REF must not be present. | Loop not accepted by Medicare. 11/20: Companion Guide Note needed. |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.114.2000B..010 | 07/01/2011 | | | SUBSCRIBER Loop | | | | 2000B | >1 | | 999 | R | IK304 = I7: "Implementation Loop Occurs Under Minimum Times" | 2000B must be present. | |
| X222.114.2000B.HL.010 | 07/01/2011 | | HL | SUBSCRIBER HIERARCHICAL LEVEL | | 1 | R | 2000B | 1 | | 999 | R | IK304 = 3: "Required Segment Missing" | 2000B.HL must be present. | |
| X222.114.2000B.HL.020 | 07/01/2011 | | HL | | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2000B.HL is allowed. | This error means there can only be one HL in each iteration of the loop. |
| X222.114.2000B.HL01.010 | 07/01/2011 | | HL01 | Hierarchical ID Number | AN | 1-12 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000B.HL01 must be present. | |
| X222.114.2000B.HL01.020 | 07/01/2011 | | HL01 | | | | | | | | 999 | R | IK403 = 5: "Data Element Too Long" | 2000B.HL01 must be 1 - 12 characters. | |
| X222.114.2000B.HL01.030 | 07/01/2011 | | HL01 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2000B.HL01 must be numeric. | |
| X222.114.2000B.HL01.040 | 07/01/2011 | | HL01 | | | | | | | | 999 | R | IK403 = I12: "Implementation Pattern Match Failure" | 2000B.HL01 must be equal the value of the previous HL01 (2000A.HL01) plus one. | |
| X222.114.2000B.HL02.010 | 07/01/2011 | | HL02 | Hierarchical Parent ID Number | AN | 1-12 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000B.HL02 must be present. | |
| X222.114.2000B.HL02.020 | 07/01/2011 | | HL02 | | | | | | | | 999 | R | IK403 = I12: "Implementation Pattern Match Failure" | 2000B.HL02 must be equal to the value of the HL01 (2000A.HL01) of the parent HL. | |
| X222.114.2000B.HL03.010 | 07/01/2011 | | HL03 | Hierarchical Level Code | ID | 1-2 | R | | | 22 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000B.HL03 must be "22". | |
| X222.114.2000B.HL03.020 | 07/01/2011 | | HL03 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | | |
| X222.114.2000B.HL04.010 | 07/01/2011 | | HL04 | Hierarchical Child Code | ID | 1-1 | R | | | 0, 1 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000B.HL04 must be present. | |
| X222.114.2000B.HL04.015 | 07/01/2011 | | HL04 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2000B.HL04 must be "0". | |
| X222.114.2000B.HL04.020 Edit Deactivated | 07/01/2011 | 01/01/2013 | | | | | | | | | | | | | |
| X222.116.2000B.SBR.010 | 07/01/2011 | | SBR | SUBSCRIBER INFORMATION | | 1 | R | 2000B | 1 | | 999 | R | IK304 = 3: "Required Segment Missing" | 2000B.SBR must be present. | |
| X222.116.2000B.SBR.020 | 07/01/2011 | | SBR | | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2000B.SBR is allowed. | |
| X222.116.2000B.SBR01.010 | 07/01/2011 | | SBR01 | Payer Responsibility Sequence Number Code | ID | 1-1 | R | | | A, B, C, D, E, F, G, H, P, S, T, U | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000B.SBR01 must be present. | |
| X222.116.2000B.SBR01.020 | 07/01/2011 | | SBR01 | | | | | | | | 999 | E | IK403 = 7: "Invalid Code Value" | 2000B.SBR01 must be "S" or "P". | |
| X222.116.2000B.SBR01.030 | 07/01/2011 | | SBR01 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 732 "Information submitted inconsistent with billing guidelines." CSC 742 "Payer Responsibility Sequence Number Code." | | |
| X222.116.2000B.SBR01.040 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.116.2000B.SBR02.010 | 07/01/2011 | | SBR02 | Individual Relationship Code | ID | 2-2 | S | | | 18 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2000B.SBR02 must be present. | Companion Guide Note needed. |
| X222.116.2000B.SBR02.020 | 07/01/2011 | | SBR02 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2000B.SBR02 must be "18". | |
| X222.116.2000B.SBR03.004 | 10/03/2011 | | SBR03 | Subscriber Group or Policy Number | AN | 1-50 | S | | | | 999 | E | IK403 = I13: "Implementation Dependent "Not Used" Data Element Present" | 2000B.SBR03 must not be present | |
| X222.116.2000B.SBR03.006 | 10/03/2011 | | SBR03 | | | | | | | | 277 | T | CSCC A8: "Acknowledgement/Rejected for relational field in error" CSC 163: "Entity's Policy Number" CSC 732 "Information submitted inconsistent with billing guidelines." EIC: IL "Subscriber" | | |
| X222.116.2000B.SBR03.010 Edit Deactivated | 07/01/2011 | 01/01/2013 | | | | | | | | | | | | | |
| X222.116.2000B.SBR03.020 Edit Deactivated | 07/01/2011 | 01/01/2013 | | | | | | | | | | | | | |
| X222.116.2000B.SBR03.030 Edit Deactivated | 07/01/2011 | 01/01/2013 | | | | | | | | | | | | | |
| X222.116.2000B.SBR03.040 Edit Deactivated | 07/01/2011 | 01/01/2013 | | | | | | | | | | | | | |
| X222.116.2000B.SBR03.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.116.2000B.SBR04.005 | 01/01/2013 | | SBR04 | Insured Group Name | AN | 1-60 | S | | | | 999 | E | IK403 = I13: "Implementation Dependent "Not Used" Data Element Present" | 2000B.SBR04 must not be present | |
| X222.116.2000B.SBR04.007 | 01/01/2013 | | | | | | | | | | 277 | T | CSCC A8: "Acknowledgement/Rejected for relational field in error" CSC 663: "Entity's Group Name" CSC 732 "Information submitted inconsistent with billing guidelines." EIC: IL "Subscriber" | | |
| X222.116.2000B.SBR04.010 Edit Deactivated | 07/01/2011 | 01/01/2013 | | | | | | | | | | | | | |
| X222.116.2000B.SBR04.015 Edit Deactivated | 07/01/2011 | 01/01/2013 | | | | | | | | | | | | | |
| X222.116.2000B.SBR04.020 Edit Deactivated | 07/01/2011 | 01/01/2013 | | | | | | | | | | | | | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.116.2000B.SBR04.030 Edit Deactivated | 07/01/2011 | 01/01/2013 | | | | | | | | | | | | | |
| X222.116.2000B.SBR04.040 Edit Deactivated | 07/01/2011 | 01/01/2013 | | | | | | | | | | | | | |
| X222.116.2000B.SBR04.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.116.2000B.SBR04.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.116.2000B.SBR04.070 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.116.2000B.SBR05.010 | 07/01/2011 | | SBR05 | Insurance Type Code | ID | 1-3 | S | | | 12, 13, 14, 15, 16, 41, 42, 43, 47 | 999 | R | IK403 = 7: "Invalid Code Value" | 2000B.SBR05 must be valid values. | |
| X222.116.2000B.SBR05.020 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.116.2000B.SBR05.030 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.116.2000B.SBR05.040 | 07/01/2011 | | SBR05 | | | | | | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | If 2000B.SBR01 is "P", 2000B.SBR05 must not be present. | |
| X222.116.2000B.SBR05.045 | 07/01/2011 | | SBR05 | | | | | | | | | 277 | T | CSCC A8: "Acknowledgement/Rejected for relational field in error" CSC 578: "Insurance Type Code" EIC: IL "Subscriber" | | |
| X222.116.2000B.SBR05.050 | 07/01/2011 | | SBR05 | | | | | | | | | 999 | E | IK403 = 2: "Conditional Required Data Element Missing" | If 2000B.SBR01 is not "P", 2000B.SBR05 must be present. | |
| X222.116.2000B.SBR05.055 | 07/01/2011 | | SBR05 | | | | | | | | | 277 | T | CSCC A6: "Acknowledgement/Rejected for Missing Information " CSC 578: "Insurance Type Code" EIC: IL "Subscriber" | | |
| X222.116.2000B.SBR06.010 | 07/01/2011 | | SBR06 | Coordination of Benefits Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.116.2000B.SBR07.010 | 07/01/2011 | | SBR07 | Yes/No Condition or Response Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.116.2000B.SBR08.010 | 07/01/2011 | | SBR08 | Employment Status Code | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.116.2000B.SBR09.010 | 07/01/2011 | | SBR09 | Claim Filing Indicator Code | ID | 1-2 | S | | | 11, 12, 13, 14, 15, 16, 17, AM, BL, CH, CI, DS, FI, HM, LM, MA, MB, MC, OF, TV, VA, WC, ZZ | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 732 "Information submitted inconsistent with billing guidelines." CSC 480 "Entity's claim filing indicator." EIC: PR "Payer" | 2000B.SBR09 must be "MB". | |
| X222.119.2000B.PAT.010 | 07/01/2011 | | PAT | PATIENT INFORMATION | | 1 | S | 2000B | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2000B.PAT is allowed. | |
| X222.119.2000B.PAT01.010 | 07/01/2011 | | PAT01 | Individual Relationship Code | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.119.2000B.PAT02.010 | 07/01/2011 | | PAT02 | Patient Location Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.119.2000B.PAT03.010 | 07/01/2011 | | PAT03 | Employment Status Code | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.119.2000B.PAT04.010 | 07/01/2011 | | PAT04 | Student Status Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.119.2000B.PAT05.010 | 07/01/2011 | | PAT05 | Date Time Period Format Qualifier | ID | 2-3 | S | | | D8 | 999 | R | IK403 = 7: "Invalid Code Value" | 2000B.PAT05 must be "D8" | |
| X222.119.2000B.PAT06.010 | 07/01/2011 | | PAT06 | Patient Death Date | AN | 1-35 | S | | | CCYYMMDD | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2000B.PAT05 is present, 2000B.PAT06 must be present. | |
| X222.119.2000B.PAT06.020 | 07/01/2011 | | PAT06 | | | | | | | | 999 | R | IK403 = 8: "Invalid Date" | 2000B.PAT06 must be a valid date in CCYYMMDD format. | |
| X222.119.2000B.PAT07.010 | 07/01/2011 | | PAT07 | Unit or Basis for Measurement Code | ID | 2-2 | S | | | 01 | 999 | R | IK403 = 7: "Invalid Code Value" | 2000B.PAT07 must be "01". | |
| X222.119.2000B.PAT07.015 | 07/01/2011 | | PAT07 | | | | | | | | 999 | R | IK403 = I10: "Implementation "Not Used" Element Present" | | |
| X222.119.2000B.PAT07.020 | 04/01/2018 | | PAT07 | | | | | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | PAT07 must be present if 2440 LQ02 = 02.03, 10.02, or 10.03. | |
| X222.119.2000B.PAT08.005 | 07/01/2011 | | PAT08 | Patient Weight | R | 1-10 | S | | | | 999 | R | IK403 = I10: "Implementation "Not Used" Element Present" | | |
| X222.119.2000B.PAT08.010 | 07/01/2011 | | PAT08 | | | | | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2000B.PAT07 is present, 2000B.PAT08 must be present. | |
| X222.119.2000B.PAT08.015 | 07/01/2011 | | PAT08 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2000B.PAT08 must be > 0 and <= 9,999.99 | |
| X222.119.2000B.PAT08.020 | 07/01/2011 | | PAT08 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 273: "Weight" EIC: IL "Subscriber" | | |
| X222.119.2000B.PAT08.022 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.119.2000B.PAT08.025 | 07/01/2011 | | PAT08 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 697: "Invalid Decimal Precision" CSC 273: "Weight" EIC: IL "Subscriber" | 2000B.PAT08 is limited to 0, 1 or 2 decimal positions. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.119.2000B.PAT09.010 | 07/01/2011 | | PAT09 | Pregnancy Indicator | ID | 1-1 | S | | | Y | 999 | R | IK403 = 7: "Invalid Code Value" | 2000B.PAT09 must be "Y". | |
| X222.121.2010BA.NM1.010 | 07/01/2011 | | **NM1** | **SUBSCRIBER NAME** | | **1** | **R** | **2010BA** | **1** | | **999** | **R** | IK304 = 3: "Required Segment Missing" | **2010BA.NM1 must be present.** | |
| X222.121.2010BA.NM1.020 | 07/01/2011 | | **NM1** | | | | | | | | **999** | **R** | IK304 = 4: "Loop Occurs Over Maximum Times" | Only one iteration of 2010BA.NM1 allowed. | |
| X222.121.2010BA.NM101.010 | 07/01/2011 | | NM101 | Entity Identifier Code | ID | 2-3 | R | | | IL | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BA.NM101 must be present. | |
| X222.121.2010BA.NM101.020 | 07/01/2011 | | NM101 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2010BA.NM101 must be "IL". | |
| X222.121.2010BA.NM102.010 | 07/01/2011 | | NM102 | Entity Type Qualifier | ID | 1-1 | R | | | 1, 2 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BA.NM102 must be present. | |
| X222.121.2010BA.NM102.020 | 07/01/2011 | | NM102 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 732: "Information submitted inconsistent with billing guidelines." CSC741 "Entity must be a person." | 2010BA.NM102 must be "1". | |
| X222.121.2010BA.NM103.010 | 07/01/2011 | | NM103 | Subscriber Last Name | AN | 1-60 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BA.NM103 must be present. | |
| X222.121.2010BA.NM103.020 | 07/01/2011 | | NM103 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BA.NM103 must contain at least one non-space character. | |
| X222.121.2010BA.NM103.030 | 07/01/2011 | | NM103 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2010BA.NM103 must be 1 - 60 characters. | |
| X222.121.2010BA.NM103.040 | 07/01/2011 | | NM103 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 504: "Entity's Last Name" EIC: IL "Subscriber" | | |
| X222.121.2010BA.NM103.050 | 07/01/2011 | | NM103 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BA.NM103 must be populated with accepted AN characters. | |
| X222.121.2010BA.NM103.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.121.2010BA.NM104.010 | 07/01/2011 | | NM104 | Subscriber First Name | AN | 1-35 | S | | | | 277 | C | CSCC A6: "Acknowledgement/Rejected for Missing Information…" CSC 505: "Entity's First Name" EIC: IL "Subscriber" | 2010BA.NM104 must be present. | |
| X222.121.2010BA.NM104.020 | 07/01/2011 | | NM104 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BA.NM104 must contain at least one non-space character. | |
| X222.121.2010BA.NM104.030 | 07/01/2011 | | NM104 | | AN | 1-35 | S | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2010BA.NM104 must be 1 - 35 characters. | |
| X222.121.2010BA.NM104.040 | 07/01/2011 | | NM104 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 505: "Entity's First Name" EIC: IL "Subscriber" | | |
| X222.121.2010BA.NM104.050 | 07/01/2011 | | NM104 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BA.NM104 must be populated with accepted AN characters. | |
| X222.121.2010BA.NM104.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.121.2010BA.NM104.070 | 01/01/2015 | | NM104 | Subscriber First Name | AN | 1-35 | S | | | | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 511: "Invalid character" CSC 505: "Entity's First Name" EIC: IL "Subscriber" | First position of 2010BA.NM104 must not be numeric. | A problem was identified in that telephone numbers were incorrectly being supplied in this field, which identifies the beneficiary's first name. This edit will correct that problem without precluding the possibility of nonalpha characters, which might be part of some names. |
| X222.121.2010BA.NM105.010 | 07/01/2011 | | NM105 | Subscriber Middle Name or Initial | AN | 1-25 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BA.NM105 must contain at least one non-space character. | |
| X222.121.2010BA.NM105.020 | 07/01/2011 | | NM105 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2010BA.NM105 must be 1 - 25 characters. | |
| X222.121.2010BA.NM105.030 | 07/01/2011 | | NM105 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 514: "Entity's Middle Name" EIC: IL "Subscriber" | | |
| X222.121.2010BA.NM105.040 | 07/01/2011 | | NM105 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BA.NM105 must be populated with accepted AN characters. | |
| X222.121.2010BA.NM105.045 | 04/01/2013 | | NM105 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 514: "Entity's Middle Name" EIC: IL "Subscriber" | The first position of 2010BA.NM105 must be alphabetic (A…Z). | To prevent continued processing and later rejection of claims (CWF) having an incorrect character in this position, such as a paren. |
| X222.121.2010BA.NM105.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.121.2010BA.NM106.010 | 07/01/2011 | | NM106 | Name Prefix | AN | 1-10 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.121.2010BA.NM107.010 | 07/01/2011 | | NM107 | Subscriber Name Suffix | AN | 1-10 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BA.NM107 must contain at least one non-space character. | |
| X222.121.2010BA.NM107.020 | 07/01/2011 | | NM107 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2010BA.NM107 must be 1 - 10 characters. | |
| X222.121.2010BA.NM107.030 | 07/01/2011 | | NM107 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 125: "Entity's Name" EIC: IL "Subscriber" | | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.121.2010BA.NM107.040 | 07/01/2011 | | NM107 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BA.NM107 must be populated with accepted AN characters. | |
| X222.121.2010BA.NM107.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.121.2010BA.NM108.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222A1.015.2010BA.NM108.010 | 07/01/2011 | | NM108 | Identification Code Qualifier | ID | 1-2 | S | | | II, MI | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BA.NM108 must be present. | |
| X222.121.2010BA.NM108.020 | 07/01/2011 | | NM108 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2010BA.NM108 must be "MI". | |
| X222.121.2010BA.NM109.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222A1.016.2010BA.NM109.010 | 07/01/2011 | | NM109 | Subscriber Primary Identifier | AN | 2-80 | S | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BA.NM109 must be present. | |
| X222.121.2010BA.NM109.020 | 7/1/2011 Revised 7/1/2017 | | NM109 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 164: "Entity's contract/member number" EIC: IL "Subscriber" | **If Medicare HICN IDs:** 2010BA.NM109 must be 10 - 11 positions in the format of NNNNNNNNNA or NNNNNNNNNAA or NNNNNNNNNAN where "A" represents an alpha character and "N" represents a numeric digit. - OR - **If Railroad HICN IDs:** 2010BA.NM109 must be 7 - 12 positions in the format of ANNNNNN, AANNNNNNN, ANNNNNNNNN, AANNNNNNNNN, AAANNNNNN, or AAANNNNNNNNN where "A" represents an alpha character and "N" represents a numeric digit. - OR - **If MBI:** 2010BA.NM109 must be 11 positions in the format of C AAN N A AN N A A N N , where "C" represents a constrained numeric 1 thru 9, "A" represents alphabetic character A-Z but excluding S, L, I, O, B, Z, "N" represents numeric 0 thru 9 and "AN" represents "A" or "N". | 01/20: Companion Guide Note needed. The HICN or MBI are allowable during SSNRI Transition. Only the MBI will be allowed Post SSNRI Transition. |
| X222.121.2010BA.NM109.030 | 07/01/2017 | | NM109 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 164: "Entity's contract/member number" EIC: IL "Subscriber" | If the HICN/MBI format is valid, 2010BA NM109 must be a HICN format pre-SSNRI transition. 2010BA NM109 may be either a HICN (Part B or RRB format) or MBI during the SSNRI transition period. 2010BA NM109 must be an MBI format post-SSNRI transition. | Companion Guide Note needed. |
| X222.121.2010BA.NM110.010 | 07/01/2011 | | NM110 | Entity Relationship Code | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.121.2010BA.NM111.010 | 07/01/2011 | | NM111 | Entity Identifier Code | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.121.2010BA.NM112.010 | 07/01/2011 | | NM112 | Name Last or Organization Name | AN | 1-60 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.124.2010BA.N3.005 | 07/01/2012 | | **N3** | **SUBSCRIBER ADDRESS** | | 1 | S | 2010BA | | | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | 2010BA.N3 must be present when 2000B.SBR02 is "18". | |
| X222.124.2010BA.N3.010 | 07/01/2011 | | | | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2010BA.N3 is allowed. | |
| X222.124.2010BA.N301.010 | 07/01/2011 | | N301 | Subscriber Address Line | AN | 1-55 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BA.N301 must be present. | |
| X222.124.2010BA.N301.020 | 07/01/2011 | | N301 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BA.N301 must contain at least one non-space character. | |
| X222.124.2010BA.N301.030 | 07/01/2011 | | N301 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2010BA.N301 must be 1 - 55 characters. | |
| X222.124.2010BA.N301.040 | 07/01/2011 | | N301 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 503: "Entity's Street Address" EIC: IL "Subscriber" | | |
| X222.124.2010BA.N301.050 | 07/01/2011 | | N301 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BA.N301 must be populated with accepted AN characters. | |
| X222.124.2010BA.N301.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.124.2010BA.N302.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.124.2010BA.N302.020 | 07/01/2011 | | N302 | Subscriber Address Line | AN | 1-55 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BA.N302 must contain at least one non-space character. | |
| X222.124.2010BA.N302.030 | 07/01/2011 | | N302 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2010BA.N302 must be 1 - 55 characters. | |
| X222.124.2010BA.N302.040 | 07/01/2011 | | N302 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 503: "Entity's Street Address" EIC: IL "Subscriber" | | |
| X222.124.2010BA.N302.050 | 07/01/2011 | | N302 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BA.N302 must be populated with accepted AN characters. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.124.2010BA.N302.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.125.2010BA.N4.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.125.2010BA.N4.020 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222A1.017.2010BA.N4.005 | 07/01/2012 | | N4 | SUBSCRIBER CITY/STATE/ZIP CODE | | 1 | S | 2010BA | | | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | 2010BA.N4 must be present when 2000B.SBR02 is "18". | |
| X222A1.017.2010BA.N4.010 | 07/01/2011 | | | | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2010BA.N4 is allowed. | |
| X222.125.2010BA.N401.010 | 07/01/2011 | | N401 | Subscriber City Name | AN | 2-30 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BA.N401 must be present. | |
| X222.125.2010BA.N401.020 | 07/01/2011 | | N401 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BA.N401 must contain at least two non-space characters. | |
| X222.125.2010BA.N401.030 | 07/01/2011 | | N401 | | | | | | | | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" | 2010BA.N401 must be 2-30 characters. | |
| X222.125.2010BA.N401.040 | 07/01/2011 | | N401 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 502: "Entity's City" EIC: IL "Subscriber" | | |
| X222.125.2010BA.N401.050 | 07/01/2011 | | N401 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BA.N401 must be populated with accepted AN characters. | |
| X222.125.2010BA.N401.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.125.2010BA.N402.010 | 07/01/2011 | | N402 | Subscriber State Code | ID | 2-2 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2010BA.N404 is not present, 2010BA.N402 must be present. | |
| X222.125.2010BA.N402.020 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.125.2010BA.N402.030 | 07/01/2011 | | N402 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 501: "Entity's State/Province" EIC: IL "Subscriber" | 2010BA.N402 must be a valid state or province code. | Valid State Code reference must be available for this edit. |
| X222.125.2010BA.N403.010 | 07/01/2011 | | N403 | Subscriber Postal Zone or ZIP Code | ID | 3-15 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2010BA.N404 is not present, 2010BA.N403 must be present. | |
| X222.125.2010BA.N403.020 | 07/01/2011 | | N403 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 500: "Entity's Postal/Zip Code" EIC: IL "Subscriber" | 2010BA.N403 must be a valid postal/zip Code when N404 equals US or blank. | Valid Zip Code reference must be available for this edit. |
| X222.125.2010BA.N403.030 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.125.2010BA.N404.010 | 07/01/2011 | | N404 | Country Code | ID | 2-3 | S | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 680: "Entity's Country" EIC: IL "Subscriber" | 2010BA.N404 must be a valid 2 character Country Code. | Valid alpha-2 Country Code reference must be available for this edit. (from Part 1 of ISO 3166) |
| X222.125.2010BA.N405.010 | 07/01/2011 | | N405 | Location Qualifier | ID | 1-2 | N/U | | | | 999 | E | IK403 = I10: Implementation "Not Used" Element Present" | Must not be present. | |
| X222.125.2010BA.N406.010 | 07/01/2011 | | N406 | Location Identifier | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: Implementation "Not Used" Element Present" | Must not be present. | |
| X222.125.2010BA.N407.010 | 07/01/2011 | | N407 | Country Subdivision Code | ID | 1-3 | S | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 695: "Entity's Country Subdivision Code" EIC: IL "Subscriber" | 2010BA.N407 must be a valid Country Subdivision Code. | Valid Country Subdivision Code reference must be available for this edit. (from Part 2 of ISO 3166) |
| X222.127.2010BA.DMG.010 | 07/01/2011 | | DMG | SUBSCRIBER DEMOGRAPHIC INFORMATION | | 1 | S | 2010BA | | | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | 2010BA.DMG must be present. | |
| X222.127.2010BA.DMG.020 | 07/01/2011 | | DMG | | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2010BA.DMG is allowed. | |
| X222.127.2010BA.DMG01.010 | 07/01/2011 | | DMG01 | Date Time Period Format Qualifier | ID | 2-3 | R | | | D8 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BA.DMG01 must be present. | |
| X222.127.2010BA.DMG01.020 | 07/01/2011 | | DMG01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2010BA.DMG01 must be "D8". | |
| X222.127.2010BA.DMG02.010 | 07/01/2011 | | DMG02 | Subscriber Birth Date | AN | 1-35 | R | | | CCYYMMDD | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BA.DMG02 must be present. | |
| X222.127.2010BA.DMG02.020 | 07/01/2011 | | DMG02 | | | | | | | | 999 | R | IK403 = 8: "Invalid Date" | 2010BA.DMG02 must be a valid date in format CCYYMMDD | |
| X222.127.2010BA.DMG02.030 | 07/01/2011 | | DMG02 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 510: "Future date" CSC 158: "Entity's date of birth" EIC: IL "Subscriber" | 2010BA.DMG02 must not be a future date. | 06/04: Companion Guide Note needed. |
| X222.127.2010BA.DMG03.010 | 07/01/2011 | | DMG03 | Subscriber Gender Code | ID | 1-1 | R | | | F, M, U | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BA.DMG03 must be present. | |
| X222.127.2010BA.DMG03.020 | 07/01/2011 | | DMG03 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2010BA.DMG03 must be valid values. | |
| X222.127.2010BA.DMG04.010 | 07/01/2011 | | DMG04 | Marital Status Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: Implementation "Not Used" Element Present" | Must not be present. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.127.2010BA.DMG04.020 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.127.2010BA.DMG05.010 | 07/01/2011 | | DMG05 | Race or Ethnicity Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.127.2010BA.DMG06.010 | 07/01/2011 | | DMG06 | Citizenship Status Code | ID | 1-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.127.2010BA.DMG07.010 | 07/01/2011 | | DMG07 | Country Code | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.127.2010BA.DMG08.010 | 07/01/2011 | | DMG08 | Basis of Verification Code | ID | 1-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.127.2010BA.DMG09.010 | 07/01/2011 | | DMG09 | Quantity | R | 1-15 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.127.2010BA.DMG10.010 | 07/01/2011 | | DMG10 | Code List Qualifier Code | ID | 1-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.127.2010BA.DMG11.010 | 07/01/2011 | | DMG11 | Industry Code | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.129.2010BA.REF.010 | 07/01/2011 | | REF | SUBSCRIBER SECONDARY IDENTIFICATION | | 1 | S | 2010BA | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: HK "Subscriber" | 2010BA.REF with REF01 = "SY" must not be present. | Medicare doesn't support this segment. Companion Guide Note needed. |
| X222.130.2010BA.REF.010 | 07/01/2011 | | REF | PROPERTY AND CASUALTY CLAIM NUMBER | | 1 | S | 2010BA | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2010BA.REF with REF01 = "Y4" is allowed. | Pass through, syntax only. |
| X222.130.2010BA.REF01.010 | 07/01/2011 | | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | Y4 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BA.REF01 must be present. | |
| X222.130.2010BA.REF01.020 | 07/01/2011 | | REF01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2010BA.REF01 must be "Y4". | |
| X222.130.2010BA.REF02.010 | 07/01/2011 | | REF02 | Property Casualty Claim Number | AN | 1-50 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BA.REF02 must be present. | |
| X222.130.2010BA.REF02.020 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BA.REF02 must contain at least one non-space character. | |
| X222.130.2010BA.REF02.030 | 07/01/2011 | | REF02 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2010BA.REF02 must be 1 - 50 characters. | |
| X222.130.2010BA.REF02.040 | 07/01/2011 | | REF02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 629: "Property Casualty Claim Number" EIC: IL "Subscriber" | | |
| X222.130.2010BA.REF02.050 | 07/01/2011 | | REF02 | | | | | | | | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2010BA.REF02 must be populated with accepted AN characters. | |
| X222.130.2010BA.REF02.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.130.2010BA.REF03.010 | 07/01/2011 | | REF03 | Description | AN | 1-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.130.2010BA.REF04.010 | 07/01/2011 | | REF04 | REFERENCE IDENTIFIER | | | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.131.2010BA.PER.010 | 07/01/2011 | | PER | PROPERTY AND CASUALTY SUBSCRIBER CONTACT INFORMATION | | 1 | S | 2010BA | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2010BA.PER is allowed. | Pass through, syntax only. |
| X222.131.2010BA.PER01.010 | 07/01/2011 | | PER01 | Contact Function Code | ID | 2-2 | R | | | IC | 999 | R | IK403 = 7: "Invalid Code Value" | 2010BA.PER01 must be "IC". | |
| X222.131.2010BA.PER02.010 | 07/01/2011 | | PER02 | Information Contact Name | AN | 1-60 | S | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2010BA.PER02 must be 1 - 60 characters. | |
| X222.131.2010BA.PER02.020 | 07/01/2011 | | PER02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 561: "Entity's Contact Name" EIC: IL "Subscriber" | | |
| X222.131.2010BA.PER02.030 | 07/01/2011 | | PER02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BA.PER02 must be populated with accepted AN characters. | |
| X222.131.2010BA.PER02.040 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.131.2010BA.PER03.010 | 07/01/2011 | | PER03 | Communication Number Qualifier | ID | 2-2 | R | | | TE | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BA.PER03 must be present. | |
| X222.131.2010BA.PER03.020 | 07/01/2011 | | PER03 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2010BA.PER03 must be "TE". | |
| X222.131.2010BA.PER04.010 | 07/01/2011 | | PER04 | Communication Number | AN | 1-256 | R | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BA.PER04 must contain at least one non-space character. | |
| X222.131.2010BA.PER04.020 | 07/01/2011 | | PER04 | | | | | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BA.PER04 must be present. | |
| X222.131.2010BA.PER04.030 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.131.2010BA.PER04.040 Edit Deactivated | 07/01/2011 | 01/01/2013 | | | | | | | | | | | | | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.131.2010BA.PER04.050 Edit Deactivated | 07/01/2011 | 01/01/2013 | | | | | | | | | | | | | |
| X222.131.2010BA.PER04.060 | 07/01/2011 | | PER04 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BA.PER04 must be populated with accepted AN characters. | |
| X222.131.2010BA.PER04.070 | 01/01/2013 | | PER04 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 127: "Entity's Communication Number" EIC: IL "Subscriber" | 2010BA.PER04 must be populated with exactly ten numeric characters. | |
| X222.131.2010BA.PER04.070 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.131.2010BA.PER05.010 | 07/01/2011 | | PER05 | Communication Number Qualifier | ID | 2-2 | S | | | EX | 999 | R | IK403 = 7: "Invalid Code Value" | 2010BA.PER05 must be valid values. | |
| X222.131.2010BA.PER06.010 | 07/01/2011 | | PER06 | Communication Number | AN | 1-256 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BA.PER06 must contain at least one non-space character. | |
| X222.131.2010BA.PER06.020 | 07/01/2011 | | PER06 | | | | | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2010BA.PER06 is present 2010BA.PER05 must be present. | |
| X222.131.2010BA.PER06.030 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.131.2010BA.PER06.040 | 07/01/2011 | | PER06 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2010BA.PER06 must be 1 - 256 characters. | |
| X222.131.2010BA.PER06.050 | 07/01/2011 | | PER06 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 127: "Entity's Communication Number" EIC: IL "Subscriber" | | |
| X222.131.2010BA.PER06.060 | 07/01/2011 | | PER06 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BA.PER06 must be populated with accepted AN characters. | |
| X222.131.2010BA.PER06.070 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.131.2010BA.PER07.010 | 07/01/2011 | | PER07 | Communication Number Qualifier | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.131.2010BA.PER08.010 | 07/01/2011 | | PER08 | Communication Number | AN | 1-256 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.131.2010BA.PER09.010 | 07/01/2011 | | PER09 | Contact Inquiry Reference | AN | 1-20 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.133.2010BB.NM1.010 | 07/01/2011 | | NM1 | PAYER NAME | | 1 | R | 2010BB | 1 | | 999 | R | IK304 = 3: "Required Segment Missing" | 2010BB.NM1 must be present. | |
| X222.133.2010BB.NM1.020 | 07/01/2011 | | NM1 | | | | | | | | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only one iteration of 2010BB.NM1 is allowed. | |
| X222.133.2010BB.NM101.010 | 07/01/2011 | | | Entity Identifier Code | ID | 2-3 | R | | | PR | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BB.NM101 must be present. | |
| X222.133.2010BB.NM101.020 | 07/01/2011 | | NM101 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2010BB.NM101 must be "PR". | |
| X222.133.2010BB.NM102.010 | 07/01/2011 | | | Entity Type Qualifier | ID | 1-1 | R | | | 2 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BB.NM102 must be present. | |
| X222.133.2010BB.NM102.020 | 07/01/2011 | | NM102 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2010BB.NM102 must be "2". | |
| X222.133.2010BB.NM103.010 | 07/01/2011 | | | Payer Name | AN | 1-60 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BB.NM103 must be present. | |
| X222.133.2010BB.NM103.020 | 07/01/2011 | | NM103 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BB.NM103 must contain at least one non-space character. | |
| X222.133.2010BB.NM103.030 | 07/01/2011 | | NM103 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2010BB.NM103 must be 1 - 60 characters. | |
| X222.133.2010BB.NM103.040 | 07/01/2011 | | NM103 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 504: "Entity's Last Name" EIC: PR "Payer" | | |
| X222.133.2010BB.NM103.050 | 07/01/2011 | | NM103 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BB.NM103 must be populated with accepted AN characters. | |
| X222.133.2010BB.NM103.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.133.2010BB.NM104.010 | 07/01/2011 | | NM104 | Name First | AN | 1-35 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.133.2010BB.NM105.010 | 07/01/2011 | | NM105 | Name Middle | AN | 1-25 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.133.2010BB.NM106.010 | 07/01/2011 | | NM106 | Name Prefix | AN | 1-10 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.133.2010BB.NM107.010 | 07/01/2011 | | NM107 | Name Suffix | AN | 1-10 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.133.2010BB.NM108.010 | 07/01/2011 | | NM108 | Identification Code Qualifier | ID | 1-2 | R | | | PI, XV | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BB.NM108 must be present. | |
| X222.133.2010BB.NM108.020 | 07/01/2011 | | NM108 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2010BB.NM108 must be "PI". | |
| X222.133.2010BB.NM109.010 | 07/01/2011 | | NM109 | Payer Identifier | AN | 2-80 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BB.NM109 must be present. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.133.2010BB.NM109.020 | 07/01/2011 | | NM109 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | | |
| X222.133.2010BB.NM109.025 | 07/01/2011 | | NM109 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 21: "Missing or Invalid Information" CSC 153: "Entity ID Number" EIC: "PR" Payer CSC 153: "Entity ID Number" EIC: 40 "Receiver" | 2010BB.NM109 must be the same value as 1000B.NM109. | |
| X222.133.2010BB.NM109.030 | 07/01/2011 | | NM109 | | | | | | | | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" | 2010BB.NM109 must be 2-80 characters. | |
| X222.133.2010BB.NM109.040 | 07/01/2011 | | NM109 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 153: "Entity ID Number" EIC: PR "Payer" | | |
| X222.133.2010BB.NM109.050 | 07/01/2011 | | NM109 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BB.NM109 must be populated with accepted AN characters. | |
| X222.133.2010BB.NM109.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.133.2010BB.NM110.010 | 07/01/2011 | | NM110 | Entity Relationship Code | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.133.2010BB.NM111.010 | 07/01/2011 | | NM111 | Entity Identifier Code | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.133.2010BB.NM112.010 | 07/01/2011 | | NM112 | Name Last or Organization Name | AN | 1-60 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.135.2010BB.N3.010 | 07/01/2011 | | N3 | PAYER ADDRESS | | 1 | S | 2010BB | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2010BB.N3 is allowed. | |
| X222.135.2010BB.N301.010 | 07/01/2011 | | N301 | Payer Address Line | AN | 1-55 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BB.N301 must be present. | |
| X222.135.2010BB.N301.020 | 07/01/2011 | | N301 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BB.N301 must contain at least one non-space character. | |
| X222.135.2010BB.N301.030 | 07/01/2011 | | N301 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2010BB.N301 must be 1 - 55 characters. | |
| X222.135.2010BB.N301.040 | 07/01/2011 | | N301 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 503: "Entity's Street Address" EIC: PR "Payer" | | |
| X222.135.2010BB.N301.050 | 07/01/2011 | | N301 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BB.N301 must be populated with accepted AN characters. | |
| X222.135.2010BB.N301.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.135.2010BB.N302.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.135.2010BB.N302.020 | 07/01/2011 | | N302 | Payer Address Line | AN | 1-55 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BB.N302 must contain at least one non-space character. | |
| X222.135.2010BB.N302.030 | 07/01/2011 | | N302 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2010BB.N302 must be 1 - 55 characters. | |
| X222.135.2010BB.N302.040 | 07/01/2011 | | N302 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 503: "Entity's Street Address" EIC: PR "Payer" | | |
| X222.135.2010BB.N302.050 | 07/01/2011 | | N302 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BB.N302 must be populated with accepted AN characters. | |
| X222.135.2010BB.N302.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.136.2010BB.N4.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.136.2010BB.N4.020 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222A1.018.2010BB.N4.010 | 07/01/2011 | | N4 | PAYER CITY/STATE/ZIP CODE | | 1 | S | 2010BB | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2010BB.N4 is allowed. | |
| X222.136.2010BB.N401.010 | 07/01/2011 | | N401 | Payer City Name | AN | 2-30 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2010BB.N401 must be present. | |
| X222.136.2010BB.N401.020 | 07/01/2011 | | N401 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BB.N401 must contain at least two non-space characters. | |
| X222.136.2010BB.N401.030 | 07/01/2011 | | N401 | | | | | | | | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" | 2010BB.N401 must be 2-30 characters. | |
| X222.136.2010BB.N401.040 | 07/01/2011 | | N401 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 502: "Entity's City" EIC: PR "Payer" | | |
| X222.136.2010BB.N401.050 | 07/01/2011 | | N401 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2010BB.N401 must be populated with accepted AN characters. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.136.2010BB.N401.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.136.2010BB.N402.010 | 07/01/2011 | | N402 | Payer State Code | ID | 2-2 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2010BB.N404 is not present, 2010BB.N402 must be present. | |
| X222.136.2010BB.N402.020 | 07/01/2011 | | N402 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 501: "Entity's State/Province" EIC: PR "Payer" | 2010BB.N402 must be a valid State Code. | Valid State Code reference must be available for this edit. |
| X222.136.2010BB.N403.010 | 07/01/2011 | | N403 | Payer Postal Zone or ZIP Code | ID | 3-15 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2010BB.N404 is not present, 2010BB.N403 must be present. | |
| X222.136.2010BB.N403.020 | 07/01/2011 | | N403 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 500: "Entity's Postal/Zip Code" EIC: PR "Payer" | 2010BB.N403 must be a valid Zip Code. | Valid Zip Code reference must be available for this edit. |
| X222.136.2010BB.N404.010 | 07/01/2011 | | N404 | Payer Country Code | ID | 2-3 | S | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.136.2010BB.N405.010 | 07/01/2011 | | N405 | Location Qualifier | ID | 1-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.136.2010BB.N406.010 | 07/01/2011 | | N406 | Location Identifier | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.136.2010BB.N407.005 | 07/01/2011 | | N407 | Country Subdivision Code | ID | 1-3 | S | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.136.2010BB.N407.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.138.2010BB.REF.010 | 07/01/2011 | | REF | PAYER SECONDARY IDENTIFICATION | | 3 | S | 2010BB | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: PR "Payer" | Non-VA claims: 2010BB.REF with REF01 = "2U", "EI", "FY" or "NF" must not be present. VA claims: 2010BB.REF with REF01 = "EI", "FY" or "NF" must not be present. | |
| X222.138.2010BB.REF.015 Edit Deactivated | 10/03/2011 | 04/11/2011 | | | | | | | | | | | | | |
| X222.140.2010BB.REF.010 | 07/01/2011 | | REF | BILLING PROVIDER SECONDARY IDENTIFICATION | | 2 | S | 2010BB | | | 999 | R | IK304 = 2: "Unexpected Segment" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims. 01/20: Companion Guide Note needed. |
| X222.140.2010BB.REF.020 | 07/01/2011 | | REF | | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims. 01/20: Companion Guide Note needed. |
| X222.140.2010BB.REF.030 | 07/01/2011 | | REF | | | | | | | | 999 | R | IK304 = I9: "Implementation Dependent "Not Used" Segment Present" | 2010BB.REF must not be present. | Everyone but Trailblazer or JH (Texas; as appropriate for current MAC contract for VA MRA Project claims.) 01/20: Companion Guide Note needed. |
| X222.140.2010BB.REF01.010 | 07/01/2011 | | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | G2, LU | 999 | R | IK403 = 1: "Required Data Element Missing" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims). 01/20: Companion Guide Note needed. |
| X222.140.2010BB.REF01.020 | 07/01/2011 | | REF01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims). 01/20: Companion Guide Note needed. |
| X222.140.2010BB.REF02.010 | 07/01/2011 | | REF02 | Payer Additional Identifier | AN | 1-50 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims). 01/20: Companion Guide Note needed. |
| X222.140.2010BB.REF02.020 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims). 01/20: Companion Guide Note needed. |
| X222.140.2010BB.REF02.030 | 07/01/2011 | | REF02 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims). 01/20: Companion Guide Note needed. |
| X222.140.2010BB.REF02.040 | 07/01/2011 | | REF02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 560: "Entity's Additional/Secondary Identifier" EIC: PR "Payer" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims). 01/20: Companion Guide Note needed. |
| X222.140.2010BB.REF02.050 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims). 01/20: Companion Guide Note needed. |
| X222.140.2010BB.REF02.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.140.2010BB.REF02.070 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.140.2010BB.REF02.075 | 07/01/2011 | | REF02 | | | | | | | | | 277 | T | CSCC A8: "Acknowledgement/Rejected for relational field in error" CSC 496 "Submitter not approved for electronic claim submissions on behalf of this entity." EIC: 85 "Billing Provider" | 2010BB.REF02 billing provider must be "associated" to the submitter (from a trading partner management perspective) in 1000A.NM109. -OR- | TrailBlazer or JH (Texas); as appropriate for current MAC contract for VA MRA Project claims), is free to choose the edit that best fits their internal business procedures. |
| | 07/01/2011 | | | | | | | | | | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error" CSC 496 "Submitter not approved for electronic claim submissions on behalf of this entity." EIC: 85 "Billing Provider" | 2010BB.REF02 billing provider must be "associated" to the submitter (from a trading partner management perspective) in 1000A.NM109. | |
| X222.140.2010BB.REF03.010 | 07/01/2011 | | REF03 | Description | AN | 1-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.140.2010BB.REF04.010 | 07/01/2011 | | REF04 | REFERENCE IDENTIFIER | | | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.142.2000C.HL.010 | 7/1/2011 Revised 10/1/2015 | | HL | PATIENT HIERARCHICAL LEVEL | | 1 | S | 2000C | >1 | | 999 | R | IK304 = I9: "Implementation Dependent "Not Used" Segment Present" | Loop must not be present. | 01/20: Companion Guide Note needed. |
| X222.144.2000C.PAT.010 | 7/1/2011 Revised 10/1/2015 | | PAT | PATIENT INFORMATION | | 1 | R | 2000C | | | 999 | R | IK304 = I9: "Implementation Dependent "Not Used" Segment Present" | Loop must not be present. | 01/20: Companion Guide Note needed. |
| X222.147.2010CA.NM1.010 | 7/1/2011 Revised 10/1/2015 | | NM1 | PATIENT NAME | | 1 | R | 2010CA | | | 999 | R | IK304 = I9: "Implementation Dependent "Not Used" Segment Present" | Loop must not be present. | 01/20: Companion Guide Note needed. |
| X222.149.2010CA.N3.010 | 7/1/2011 Revised 10/1/2015 | | N3 | PATIENT ADDRESS | | 1 | R | 2010CA | | | 999 | R | IK304 = I9: "Implementation Dependent "Not Used" Segment Present" | Segment must not be present. | 01/20: Companion Guide Note needed. |
| X222.150.2010CA.N4.010 | 7/1/2011 Revised 10/1/2015 | | N4 | PATIENT CITY/STATE/ZIP CODE | | 1 | R | 2010CA | | | 999 | R | IK304 = I9: "Implementation Dependent "Not Used" Segment Present" | Segment must not be present. | 01/20: Companion Guide Note needed. |
| X222.152.2010CA.DMG.010 | 7/1/2011 Revised 10/1/2015 | | DMG | PATIENT DEMOGRAPHIC INFORMATION | | 1 | R | 2010CA | | | 999 | R | IK304 = I9: "Implementation Dependent "Not Used" Segment Present" | Segment must not be present. | 01/20: Companion Guide Note needed. |
| X222.154.2010CA.REF.010 | 7/1/2011 Revised 10/1/2015 | | REF | PROPERTY AND CASUALTY CLAIM NUMBER | | 1 | S | 2010CA | | | 999 | R | IK304 = I9: "Implementation Dependent "Not Used" Segment Present" | 2010CA.REF must not be present. | 01/20: Companion Guide Note needed. |
| X222A1.019.2010CA.REF.010 | 7/1/2011 Revised 10/1/2015 | | REF | PROPERTY AND CASUALTY PATIENT IDENTIFIER | | 1 | S | 2010CA | | | 999 | R | IK304 = I9: "Implementation Dependent "Not Used" Segment Present" | 2010CA.REF must not be present. | 01/20: Companion Guide Note needed. |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.155.2010CA.PER.010 | 7/1/2011 Revised 10/1/2015 | | PER | PROPERTY AND CASUALTY PATIENT CONTACT INFORMATION | | 1 | S | 2010CA | | | 999 | R | IK304 = I9: "Implementation Dependent "Not Used" Segment Present" | Segment must not be present. | 01/20: Companion Guide Note needed. |
| X222.157.2300.CLM Loop.010 | 07/01/2011 | | CLM Loop | CLAIM INFORMATION Loop | | | | 2300 | 100 | | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only one00 iterations of the 2300 loop are allowed. | |
| X222.157.2300.CLM.010 | 07/01/2011 (message revision, 07/07/2014) | | CLM | CLAIM INFORMATION | | 1 | R | 2300 | 1 | | 999 | R | IK304 = 3: "Required Segment Missing" -OR- IK304 = I7: "Implementation Loop Occurs Under Minimum Times" | 2300.CLM must be present. | 07/07/2014: IK304 = I7 has been added as alternative error message to IK304 = 3 to enable translator flexibility in meeting TR3 requirements. |
| X222.157.2300.CLM01.010 | 07/01/2011 | | CLM01 | Patient Control Number | AN | 1-38 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CLM01 must be present. | |
| X222.157.2300.CLM01.020 | 07/01/2011 | | CLM01 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.CLM01 must contain at least one non-space character. | |
| X222.157.2300.CLM01.030 | 07/01/2011 | | CLM01 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.CLM01 must be 1 - 38 characters. | Companion Guide Note Needed - only positions 1 - 20 will be stored/returned |
| X222.157.2300.CLM01.040 | 07/01/2011 | | CLM01 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 478:: "Claim submitter's | | |
| X222.157.2300.CLM01.050 | 07/01/2011 | | CLM01 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.CLM01 must be populated with accepted AN characters. | |
| X222.157.2300.CLM01.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.157.2300.CLM02.010 | 07/01/2011 | | CLM02 | Total Claim Charge Amount | R | 1-18 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CLM02 must be present. | |
| X222.157.2300.CLM02.020 | 07/01/2011 | | CLM02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.CLM02 must be numeric. | |
| X222.157.2300.CLM02.030 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.157.2300.CLM02.040 | 7/1/2011 revised 1/1/2018 | | CLM02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 178: "Submitted Charges" | 2300.CLM02 must be >= 0 and <= 99,999.99. | 11/25: Medicare specific limitation. 01/20: Companion Guide Note needed. |
| X222.157.2300.CLM02.045 | 01/01/2018 | | CLM02 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.CLM02 must be >= 0 and <= 99,999,999.99 and limited to 0, 1, or 2 decimal positions. | |
| X222.157.2300.CLM02.050 | 07/01/2011 | | CLM02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 178: "Submitted Charges" | | |
| X222.157.2300.CLM02.060 edit deactivated | 07/01/2011 | 01/01/2018 | | | | | | | | | | | | | |
| X222.157.2300.CLM02.070 | 07/01/2011 | | CLM02 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 178: "Submitted Charges" | 2300.CLM02 must equal the sum of all 2400.SV102 amounts. | |
| X222.157.2300.CLM02.080 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.157.2300.CLM02.090 | 41000 | | CLM02 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 400: "Claim is out of Balance" CSC 672: "Payer's payment information is out of balance" | 2300.CLM02 must equal the sum of all 2320 & 2430 CAS amounts and the 2320 AMT02 (AMT01=D). | |
| X222.157.2300.CLM03.010 | 07/01/2011 | | CLM03 | Claim Filing Indicator Code | ID | 1-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.157.2300.CLM04.010 | 07/01/2011 | | CLM04 | Non-Institutional Claim Type Code | ID | 1-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.157.2300.CLM05.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.157.2300.CLM05-1.010 | 07/01/2011 | | CLM05-1 | Facility Type Code | AN | 1-2 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CLM05-1 must be present. | |
| X222.157.2300.CLM05-1.020 | 07/01/2011 | | CLM05-1 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 249: "Place of service" | 2300.CLM05-1 must be a valid POS code. | Valid Place of Service reference must be available for this edit. |
| X222.157.2300.CLM05-2.010 | 07/01/2011 | | CLM05-2 | Facility Code Qualifier | ID | 1-2 | R | | | B | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CLM05-2 must be present. | |
| X222.157.2300.CLM05-2.020 | 07/01/2011 | | CLM05-2 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.CLM05-2 must be "B". | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.157.2300.CLM05-3.010 | 07/01/2011 | | CLM05-3 | Claim Frequency Code | ID | 1-1 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CLM05-3 must be present. | |
| X222.157.2300.CLM05-3.020 | 07/01/2011 | | CLM05-3 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 636: "Claim Frequency Code" | 2300.CLM05-3 must be "1". | Medicare Part B only accepts original claims 01/20: Companion Guide Note needed. |
| X222.157.2300.CLM06.010 | 07/01/2011 | | CLM06 | Provider or Supplier Signature Indicator | ID | 1-1 | R | | | N, Y | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CLM06 must be present. | |
| X222.157.2300.CLM06.020 | 07/01/2011 | | CLM06 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.CLM06 must be valid values. | |
| X222.157.2300.CLM07.010 | 07/01/2011 | | CLM07 | Medicare Assignment Code | ID | 1-1 | R | | | A, B, C | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CLM07 must be present. | |
| X222.157.2300.CLM07.020 | 07/01/2011 | | CLM07 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.CLM07 must be valid values. | |
| X222.157.2300.CLM08.010 | 07/01/2011 | | CLM08 | Benefits Assignment Certification Indicator | ID | 1-1 | R | | | N, W, Y | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CLM08 must be present. | |
| X222.157.2300.CLM08.020 | 07/01/2011 | | CLM08 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.CLM08 must be valid values. | |
| X222.157.2300.CLM09.010 | 07/01/2011 | | CLM09 | Release of Information Code | ID | 1-1 | R | | | I, Y | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CLM09 must be present. | |
| X222.157.2300.CLM09.020 | 07/01/2011 | | CLM09 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.CLM09 must be valid values. | |
| X222.157.2300.CLM10.010 | 07/01/2011 | | CLM10 | Patient Signature Source Code | ID | 1-1 | S | | | P | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.CLM10 must be "P". | |
| X222.157.2300.CLM11.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.157.2300.CLM11-1.010 | 07/01/2011 | | CLM11-1 | Related Causes Code | ID | 2-3 | R | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2300.DTP with DTP01 = 439 is present, then 2300.CLM11 must be present. | |
| X222.157.2300.CLM11-1.020 | 07/01/2011 | | CLM11-1 | Related Causes Code | ID | 2-3 | R | | | AA, EM, OA | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.CLM11-1 must be valid values. | |
| X222.157.2300.CLM11-2.010 | 07/01/2011 | | CLM11-2 | Related Causes Code | ID | 2-3 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300.CLM11-2 is present 2300.CLM11-1 must be present. | |
| X222.157.2300.CLM11-2.020 | 07/01/2011 | | CLM11-2 | | | | | | | AA, EM, OA | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.CLM11-2 must be valid values. | |
| X222.157.2300.CLM11-3.010 | 07/01/2011 | | CLM11-3 | Related Causes Code | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.157.2300.CLM11-4.010 | 07/01/2011 | | CLM11-4 | Auto Accident State or Province Code | ID | 2-2 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2300.CLM11-1 or 2300.CLM11-2 is "AA", then 2300.CLM11-4 must be present. | |
| X222.157.2300.CLM11-4.020 | 07/01/2011 | | CLM11-4 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 501: "Entity's State/Province" EIC: IL "Subscriber" | If 2300.CLM11-4 must be a valid State Code. | Valid State Code reference must be available for this edit. |
| X222.157.2300.CLM11-5.010 | 07/01/2011 | | CLM11-5 | Country Code | ID | 2-3 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2300.CLM11-1 or 2300.CLM11-2 is "AA" and 2300.CLM11-4 is not present, then 2300.CLM11-5 must be present. | |
| X222.157.2300.CLM11-5.020 | 07/01/2011 | | CLM11-5 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 680: "Entity's Country" EIC: IL "Subscriber" | 2300.CLM11-5 must be a valid Country Code. | Valid Country Code reference must be available for this edit. |
| X222.157.2300.CLM12.010 | 07/01/2011 | | CLM12 | Special Program Indicator | ID | 2-3 | S | | | 02, 03, 05, 09 | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.CLM12 must be valid values. | |
| X222.157.2300.CLM13.010 | 07/01/2011 | | CLM13 | Yes/No Condition or Response Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.157.2300.CLM14.010 | 07/01/2011 | | CLM14 | Level of Service Code | ID | 1-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.157.2300.CLM15.010 | 07/01/2011 | | CLM15 | Yes/No Condition or Response Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.157.2300.CLM16.010 | 07/01/2011 | | CLM16 | Participation Agreement | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.157.2300.CLM17.010 | 07/01/2011 | | CLM17 | Claim Status Code | ID | 1-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.157.2300.CLM18.010 | 07/01/2011 | | CLM18 | Yes/No Condition or Response Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.157.2300.CLM19.010 | 07/01/2011 | | CLM19 | Claim Submission Reason Code | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.157.2300.CLM20.010 | 07/01/2011 | | CLM20 | Delay Reason Code | ID | 1-2 | S | | | 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 15 | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.CLM20 must be valid values. | |
| X222.164.2300.DTP.010 | 07/01/2011 | | DTP | DATE - ONSET OF CURRENT ILLNESS OR SYMPTOM | | 1 | S | 2300 | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.DTP with DTP01 = "431" is allowed. | |
| X222.164.2300.DTP01.010 | 07/01/2011 | | DTP01 | Date Time Qualifier | ID | 3-3 | R | | | 431 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP01 must be present. | |
| X222.164.2300.DTP01.020 | 07/01/2011 | | DTP01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.DTP01 must be "431". | |
| X222.164.2300.DTP02.010 | 07/01/2011 | | DTP02 | Date Time Period Format Qualifier | ID | 2-3 | R | | | D8 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP02 must be present. | |
| X222.164.2300.DTP02.020 | 07/01/2011 | | DTP02 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.DTP02 must be "D8". | |
| X222.164.2300.DTP03.010 | 07/01/2011 | | DTP03 | Onset of Current Illness or Injury Date | AN | 1-35 | R | | | CCYYMMDD | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP03 must be present. | |
| X222.164.2300.DTP03.020 | 07/01/2011 | | DTP03 | | | | | | | | 999 | R | IK403 = 8: "Invalid Date" | 2300.DTP03 must be a valid date in CCYYMMDD format. | |
| X222.164.2300.DTP03.030 | 07/01/2011 | | DTP03 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 397: "Date of onset/exacerbation of illness/condition" CSC 510: "Future date" | 2300.DTP03 must not be a future date. | |
| X222.165.2300.DTP.010 | 07/01/2011 | | DTP | DATE - INITIAL TREATMENT | | 1 | S | 2300 | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.DTP with DTP01 = "454" is allowed. | |
| X222.165.2300.DTP01.010 | 07/01/2011 | | DTP01 | Date Time Qualifier | ID | 3-3 | R | | | 454 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP01 must be present. | |
| X222.165.2300.DTP01.020 | 07/01/2011 | | DTP01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.DTP01 must be "454". | |
| X222.165.2300.DTP02.010 | 07/01/2011 | | DTP02 | Date Time Period Format Qualifier | ID | 2-3 | R | | | D8 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP02 must be present. | |
| X222.165.2300.DTP02.020 | 07/01/2011 | | DTP02 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.DTP02 must be "D8". | |
| X222.165.2300.DTP03.010 | 07/01/2011 | | DTP03 | Initial Treatment Date | AN | 1-35 | R | | | CCYYMMDD | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP03 must be present. | |
| X222.165.2300.DTP03.020 | 07/01/2011 | | DTP03 | | | | | | | | 999 | R | IK403 = 8: "Invalid Date" | 2300.DTP03 must be a valid date in CCYYMMDD format. | |
| X222.165.2300.DTP03.030 | 07/01/2011 | | DTP03 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 510: "Future date" CSC 701: "Initial Treatment Date" | 2300.DTP03 must not be a future date. | |
| X222.166.2300.DTP.010 | 07/01/2011 | | DTP | DATE - DATE LAST SEEN | | 1 | S | 2300 | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.DTP with DTP01 = "304" is allowed. | |
| X222.166.2300.DTP01.010 | 07/01/2011 | | DTP01 | Date Time Qualifier | ID | 3-3 | R | | | 304 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP01 must be present. | |
| X222.166.2300.DTP01.020 | 07/01/2011 | | DTP01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.DTP01 must be "304". | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.166.2300.DTP02.010 | 07/01/2011 | | DTP02 | Date Time Period Format Qualifier | ID | 2-3 | R | | | D8 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP02 must be present. | |
| X222.166.2300.DTP02.020 | 07/01/2011 | | DTP02 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.DTP02 must be "D8". | |
| X222.166.2300.DTP03.010 | 07/01/2011 | | DTP03 | Last Seen Date | AN | 1-35 | R | | | CCYYMMDD | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP03 must be present. | |
| X222.166.2300.DTP03.020 | 07/01/2011 | | DTP03 | | | | | | | | 999 | R | IK403 = 8: "Invalid Date" | 2300.DTP03 must be a valid date in CCYYMMDD format. | |
| X222.167.2300.DTP.010 | 07/01/2011 | | DTP | DATE - ACUTE MANIFESTATION | | 1 | S | 2300 | | | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | If 2300.CR208 = "A" or "M" then 2300.DTP with DTP01 = "453" must be present. | |
| X222.167.2300.DTP.020 | 07/01/2011 | | DTP | | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.DTP with DTP01 = "453" is allowed. | |
| X222.167.2300.DTP01.010 | 07/01/2011 | | DTP01 | Date Time Qualifier | ID | 3-3 | R | | | 453 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP01 must be present. | |
| X222.167.2300.DTP01.020 | 07/01/2011 | | DTP01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.DTP01 must be "453". | |
| X222.167.2300.DTP02.010 | 07/01/2011 | | DTP02 | Date Time Period Format Qualifier | ID | 2-3 | R | | | D8 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP02 must be present. | |
| X222.167.2300.DTP02.020 | 07/01/2011 | | DTP02 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.DTP02 must be "D8". | |
| X222.167.2300.DTP03.010 | 07/01/2011 | | DTP03 | Acute Manifestation Date | AN | 1-35 | R | | | CCYYMMDD | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP03 must be present. | |
| X222.167.2300.DTP03.020 | 07/01/2011 | | DTP03 | | | | | | | | 999 | R | IK403 = 8: "Invalid Date" | 2300.DTP03 must be a valid date in CCYYMMDD format. | |
| X222.167.2300.DTP03.030 | 07/01/2011 | | DTP03 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 510: "Future date" CSC 715:: "Acute Manifestation Date" | 2300.DTP03 must not be a future date. | |
| X222.168.2300.DTP.010 | 07/01/2011 | | DTP | DATE - ACCIDENT | | 1 | S | 2300 | | | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | If 2300.CLM11-1 or CLM11-2 = "AA" or "OA" then 2300.DTP with DTP01 = "439" must be present. | |
| X222.168.2300.DTP.020 | 07/01/2011 | | DTP | | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.DTP with DTP01 = "439" is allowed. | |
| X222.168.2300.DTP01.010 | 07/01/2011 | | DTP01 | Date Time Qualifier | ID | 3-3 | R | | | 439 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP01 must be present. | |
| X222.168.2300.DTP01.020 | 07/01/2011 | | DTP01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.DTP01 must be "439". | |
| X222.168.2300.DTP02.010 | 07/01/2011 | | DTP02 | Date Time Period Format Qualifier | ID | 2-3 | R | | | D8, | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP02 must be present. | |
| X222.168.2300.DTP02.020 | 07/01/2011 | | DTP02 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.DTP02 must be "D8". | |
| X222.168.2300.DTP03.010 | 07/01/2011 | | DTP03 | Accident Date | AN | 1-35 | R | | | CCYYMMDD | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP03 must be present. | |
| X222.168.2300.DTP03.020 | 07/01/2011 | | DTP03 | | | | | | | | 999 | R | IK403 = 8: "Invalid Date" | 2300.DTP03 must be a valid date in CCYYMMDD format. | |
| X222.168.2300.DTP03.030 | 7/1/2011 Revised 10/1/2015 | | DTP03 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 510: "Future date" CSC 727: "Accident date" | 2300.DTP03 must not be a future date. | |
| X222.169.2300.DTP.010 | 07/01/2011 | | DTP | DATE - LAST MENSTRUAL PERIOD | | 1 | S | 2300 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.DTP with DTP01 = "484" is allowed. | |
| X222.169.2300.DTP01.010 | 07/01/2011 | | DTP01 | Date Time Qualifier | ID | 3-3 | R | | | 484 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP01 must be present. | |
| X222.169.2300.DTP01.020 | 07/01/2011 | | DTP01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.DTP01 must be "484". | |
| X222.169.2300.DTP02.010 | 07/01/2011 | | DTP02 | Date Time Period Format Qualifier | ID | 2-3 | R | | | D8 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP02 must be present. | |
| X222.169.2300.DTP02.020 | 07/01/2011 | | DTP02 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.DTP02 must be "D8". | |
| X222.169.2300.DTP03.010 | 07/01/2011 | | DTP03 | Last Menstrual Period Date | AN | 1-35 | R | | | CCYYMMDD | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP03 must be present. | |
| X222.169.2300.DTP03.020 | 07/01/2011 | | DTP03 | | | | | | | | 999 | R | IK403 = 8: "Invalid Date" | 2300.DTP03 must be a valid date in CCYYMMDD format. | |
| X222.169.2300.DTP03.030 | 07/01/2011 | | DTP03 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 510: "Future date" CSC 191: "Date of Last Menstrual Period (LMP)" | 2300.DTP03 must not be a future date. | |
| X222.170.2300.DTP.010 | 07/01/2011 | | DTP | DATE - LAST X-RAY | | 1 | S | 2300 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.DTP with DTP01 = "455" is allowed. | |
| X222.170.2300.DTP01.010 | 07/01/2011 | | DTP01 | Date Time Qualifier | ID | 3-3 | R | | | 455 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP01 must be present. | |
| X222.170.2300.DTP01.020 | 07/01/2011 | | DTP01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.DTP01 must be "455". | |
| X222.170.2300.DTP02.010 | 07/01/2011 | | DTP02 | Date Time Period Format Qualifier | ID | 2-3 | R | | | D8 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP02 must be present. | |
| X222.170.2300.DTP02.020 | 07/01/2011 | | DTP02 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.DTP02 must be "D8". | |
| X222.170.2300.DTP03.010 | 07/01/2011 | | DTP03 | Last X-Ray Date | AN | 1-35 | R | | | CCYYMMDD | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP03 must be present. | |
| X222.170.2300.DTP03.020 | 07/01/2011 | | DTP03 | | | | | | | | 999 | R | IK403 = 8: "Invalid Date" | 2300.DTP03 must be a valid date in CCYYMMDD format. | |
| X222.170.2300.DTP03.030 | 07/01/2011 | | DTP03 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 510: "Future date" CSC 210: "Date of the last x-ray." | 2300.DTP03 must not be a future date. | |
| X222.171.2300.DTP.010 | 07/01/2011 | | DTP | DATE - HEARING AND VISION PRESCRIPTION DATE | | 1 | S | 2300 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.DTP with DTP01 = "471" is allowed. | |
| X222.171.2300.DTP01.010 | 07/01/2011 | | DTP01 | Date Time Qualifier | ID | 3-3 | R | | | 471 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP01 must be present. | |
| X222.171.2300.DTP01.020 | 07/01/2011 | | DTP01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.DTP01 must be "471". | |
| X222.171.2300.DTP02.010 | 07/01/2011 | | DTP02 | Date Time Period Format Qualifier | ID | 2-3 | R | | | D8 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP02 must be present. | |
| X222.171.2300.DTP02.020 | 07/01/2011 | | DTP02 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.DTP02 must be "D8". | |
| X222.171.2300.DTP03.010 | 07/01/2011 | | DTP03 | Prescription Date | AN | 1-35 | R | | | CCYYMMDD | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP03 must be present. | |
| X222.171.2300.DTP03.020 | 07/01/2011 | | DTP03 | | | | | | | | 999 | R | IK403 = 8: "Invalid Date" | 2300.DTP03 must be a valid date in CCYYMMDD format. | |
| X222.171.2300.DTP03.030 | 07/01/2011 | | DTP03 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 510: "Future date" CSC 214: "Original date of prescription/orders/referral" | 2300.DTP03 must not be a future date. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.172.2300.DTP.010 | 07/01/2011 | | DTP | DATE - DISABILITY DATES | | 1 | S | 2300 | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.DTP with DTP01 = "314", "360" or "361" is allowed. | Future dates are allowed in this situation. 01/20: Companion Guide Note needed. |
| X222.172.2300.DTP01.010 | 07/01/2011 | | DTP01 | Date Time Qualifier | ID | 3-3 | R | | | 314, 360, 361 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP01 must be present. | |
| X222.172.2300.DTP01.020 | 07/01/2011 | | DTP01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.DTP01 must be valid values. | |
| X222.172.2300.DTP02.010 | 07/01/2011 | | DTP02 | Date Time Period Format Qualifier | ID | 2-3 | R | | | D8, RD8 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP02 must be present. | |
| X222.172.2300.DTP02.020 | 07/01/2011 | | DTP02 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.DTP02 must be valid values. | |
| X222.172.2300.DTP02.030 | 04/01/2013 | | DTP02 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 195: "Unable to work dates/Disability Date." | If 2300.DTP01 = "314" then 2300.DTP02 must = "RD8". | |
| X222.172.2300.DTP03.010 | 07/01/2011 | | DTP03 | Disability From Date | AN | 1-35 | R | | | CCYYMMDD or CCYYMMDD-CCYYMMDD | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP03 must be present. | |
| X222.172.2300.DTP03.020 | 07/01/2011 | | DTP03 | | | | | | | | 999 | R | IK403 = 8: "Invalid Date" | If 2300.DTP02 = "D8" then 2300.DTP03 must be a valid date in CCYYMMDD format. | |
| X222.172.2300.DTP03.030 | 07/01/2011 | | DTP03 | | | | | | | | 999 | R | IK403 = 8: "Invalid Date" | If 2300.DTP02 = "RD8" then 2300.DTP03 must be a valid date in CCYYMMDD-CCYYMMDD format. | |
| X222.174.2300.DTP.010 | 07/01/2011 | | DTP | DATE - LAST WORKED | | 1 | S | 2300 | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.DTP with DTP01 = "297" is allowed. | |
| X222.174.2300.DTP01.010 | 07/01/2011 | | DTP01 | Date Time Qualifier | ID | 3-3 | R | | | 297 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP01 must be present. | |
| X222.174.2300.DTP01.020 | 07/01/2011 | | DTP01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.DTP01 must be "297". | |
| X222.174.2300.DTP02.010 | 07/01/2011 | | DTP02 | Date Time Period Format Qualifier | ID | 2-3 | R | | | D8 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP02 must be present. | |
| X222.174.2300.DTP02.020 | 07/01/2011 | | DTP02 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.DTP02 must be "D8". | |
| X222.174.2300.DTP03.010 | 07/01/2011 | | DTP03 | Last Worked Date | AN | 1-35 | R | | | CCYYMMDD | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP03 must be present. | |
| X222.174.2300.DTP03.020 | 07/01/2011 | | DTP03 | | | | | | | | 999 | R | IK403 = 8: "Invalid Date" | 2300.DTP03 must be a valid date in CCYYMMDD format. | |
| X222.174.2300.DTP03.030 | 07/01/2011 | | DTP03 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 510: "Future date" CSC 581: "Last Worked Date" | 2300.DTP03 must not be a future date. | |
| X222.175.2300.DTP.010 | 07/01/2011 | | DTP | DATE - AUTHORIZED RETURN TO WORK | | 1 | S | 2300 | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.DTP with DTP01 = "296" is allowed. | |
| X222.175.2300.DTP01.010 | 07/01/2011 | | DTP01 | Date Time Qualifier | ID | 3-3 | R | | | 296 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP01 must be "296". | |
| X222.175.2300.DTP01.020 | 07/01/2011 | | DTP01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.DTP01 must be "296". | |
| X222.175.2300.DTP02.010 | 07/01/2011 | | DTP02 | Date Time Period Format Qualifier | ID | 2-3 | R | | | D8 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP02 must be present. | |
| X222.175.2300.DTP02.020 | 07/01/2011 | | DTP02 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.DTP02 must be "D8". | |
| X222.175.2300.DTP03.010 | 07/01/2011 | | DTP03 | Work Return Date | AN | 1-35 | R | | | CCYYMMDD | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP03 must be present. | |
| X222.175.2300.DTP03.020 | 07/01/2011 | | DTP03 | | | | | | | | 999 | R | IK403 = 8: "Invalid Date" | 2300.DTP03 must be a valid date in CCYYMMDD format. | |
| X222.176.2300.DTP.010 | 07/01/2011 | | DTP | DATE - ADMISSION | | 1 | S | 2300 | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 189: "Facility admission date" | If 2400.SV105 = "21", "51" or "61" then 2300.DTP with DTP01 = "435" must be present. | Companion Guide Note needed. |
| X222.176.2300.DTP.020 | 07/01/2011 | | DTP | | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.DTP with DTP01 = "435" is allowed. | |
| X222.176.2300.DTP01.010 | 07/01/2011 | | DTP01 | Date Time Qualifier | ID | 3-3 | R | | | 435 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP01 must be present. | |
| X222.176.2300.DTP01.020 | 07/01/2011 | | DTP01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.DTP01 must be "435". | |
| X222.176.2300.DTP02.010 | 07/01/2011 | | DTP02 | Date Time Period Format Qualifier | ID | 2-3 | R | | | D8 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP02 must be present. | |
| X222.176.2300.DTP02.020 | 07/01/2011 | | DTP02 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.DTP02 must be "D8". | |
| X222.176.2300.DTP03.010 | 07/01/2011 | | DTP03 | Related Hospitalization Admission Date | AN | 1-35 | R | | | CCYYMMDD | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP03 must be present. | |
| X222.176.2300.DTP03.020 | 07/01/2011 | | DTP03 | | | | | | | | 999 | R | IK403 = 8: "Invalid Date" | 2300.DTP03 must be a valid date in CCYYMMDD format. | |
| X222.176.2300.DTP03.030 | 07/01/2011 | | DTP03 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 510: "Future date" CSC 189: "Facility Admission Date" | 2300.DTP03 must not be a future date. | Companion Guide note needed |
| X222.177.2300.DTP.010 | 07/01/2011 | | DTP | DATE - DISCHARGE | | 1 | S | 2300 | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.DTP with DTP01 = "096" is allowed. | |
| X222.177.2300.DTP01.010 | 07/01/2011 | | DTP01 | Date Time Qualifier | ID | 3-3 | R | | | 096 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP01 must be present. | |
| X222.177.2300.DTP01.020 | 07/01/2011 | | DTP01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.DTP01 must be "096". | |
| X222.177.2300.DTP02.010 | 07/01/2011 | | DTP02 | Date Time Period Format Qualifier | ID | 2-3 | R | | | D8 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP02 must be present. | |
| X222.177.2300.DTP02.020 | 07/01/2011 | | DTP02 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.DTP02 must be "D8". | |
| X222.177.2300.DTP03.010 | 07/01/2011 | | DTP03 | Related Hospitalization Discharge Date | AN | 1-35 | R | | | CCYYMMDD | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP03 must be present. | |
| X222.177.2300.DTP03.020 | 07/01/2011 | | DTP03 | | | | | | | | 999 | R | IK403 = 8: "Invalid Date" | 2300.DTP03 must be a valid date in CCYYMMDD format. | |
| X222.177.2300.DTP03.030 | 07/01/2011 | | DTP03 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 510: "Future date" CSC 190: "Facility Discharge Date" | 2300.DTP03 must not be a future date. | |
| X222.178.2300.DTP.010 | 07/01/2011 | | DTP | DATE - ASSUMED AND RELINQUISHED CARE DATES | | 2 | S | 2300 | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only two iteration of 2300.DTP with DTP01 = "090" or "091" are allowed. | |
| X222.178.2300.DTP01.010 | 07/01/2011 | | DTP01 | Date Time Qualifier | ID | 3-3 | R | | | 090, 091 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP01 must be present. | |
| X222.178.2300.DTP01.020 | 07/01/2011 | | DTP01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.DTP01 must be valid values. | |
| X222.178.2300.DTP02.010 | 07/01/2011 | | DTP02 | Date Time Period Format Qualifier | ID | 2-3 | R | | | D8 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP02 must be present. | |
| X222.178.2300.DTP02.020 | 07/01/2011 | | DTP02 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.DTP02 must be "D8". | |
| X222.178.2300.DTP03.010 | 07/01/2011 | | DTP03 | Assumed or Relinquished Care Date | AN | 1-35 | R | | | CCYYMMDD | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP03 must be present. | |
| X222.178.2300.DTP03.020 | 07/01/2011 | | DTP03 | | | | | | | | 999 | R | IK403 = 8: "Invalid Date" | 2300.DTP03 must be a valid date in CCYYMMDD format. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.180.2300.DTP.010 | 07/01/2011 | | DTP | DATE - PROPERTY AND CASUALTY DATE OF FIRST CONTACT | | 1 | S | 2300 | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.DTP with DTP01 = "444" is allowed. | Pass through, syntax only. |
| X222.180.2300.DTP01.010 | 07/01/2011 | | DTP01 | Date Time Qualifier | ID | 3-3 | R | | | | 444 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP01 must be present. | |
| X222.180.2300.DTP01.020 | 07/01/2011 | | DTP01 | | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.DTP01 must be "444". | |
| X222.180.2300.DTP02.010 | 07/01/2011 | | DTP02 | Date Time Period Format Qualifier | ID | 2-3 | R | | | | D8 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP02 must be present. | |
| X222.180.2300.DTP02.020 | 07/01/2011 | | DTP02 | | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.DTP02 must be "D8". | |
| X222.180.2300.DTP03.010 | 07/01/2011 | | DTP03 | Order Date | AN | 1-35 | R | | | | CCYYMMDD | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP03 must be present. | |
| X222.180.2300.DTP03.020 | 07/01/2011 | | DTP03 | | | | | | | | | 999 | R | IK403 = 8: "Invalid Date" | 2300.DTP03 must be a valid date in CCYYMMDD format. | |
| X222.181.2300.DTP.010 | 07/01/2011 | | DTP | DATE - REPRICER RECEIVED DATE | | 1 | S | 2300 | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.DTP with DTP01 = "050" is allowed. | Pass through, syntax only. |
| X222.181.2300.DTP01.010 | 07/01/2011 | | DTP01 | Date Time Qualifier | ID | 3-3 | R | | | | 050 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP01 must be present. | |
| X222.181.2300.DTP01.020 | 07/01/2011 | | DTP01 | | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.DTP01 must be "050". | |
| X222.181.2300.DTP02.010 | 07/01/2011 | | DTP02 | Date Time Period Format Qualifier | ID | 2-3 | R | | | | D8 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP02 must be present. | |
| X222.181.2300.DTP02.020 | 07/01/2011 | | DTP02 | | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.DTP02 must be "D8". | |
| X222.181.2300.DTP03.010 | 07/01/2011 | | DTP03 | Order Date | AN | 1-35 | R | | | | CCYYMMDD | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.DTP03 must be present. | |
| X222.181.2300.DTP03.020 | 07/01/2011 | | DTP03 | | | | | | | | | 999 | R | IK403 = 8: "Invalid Date" | 2300.DTP03 must be a valid date in CCYYMMDD format. | |
| X222.182.2300.PWK.010 | 07/01/2011 | | PWK | CLAIM SUPPLEMENTAL INFORMATION | | 10 | S | 2300 | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only ten iterations of 2300.PWK are allowed. | |
| X222.182.2300.PWK01.010 | 07/01/2011 | | PWK01 | Attachment Report Type Code | ID | 2-2 | R | | | | 03, 04, 05, 06, 07, 08, 09, 10, 11, 13, 15, 21, A3, A4, AM, AS, B2, B3, B4, BR, BS, BT, CB, CK, CT, D2, DA, DB, DG, DJ, DS, EB, HC, HR, I5, IR, LA, M1, MT, NN, OB, OC, OD, OE, OX, OZ, P4, P5, PE, PN, PO, PQ, PY, PZ, RB, RR, RT, RX, SG, V5, XP | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.PWK01 must be present. | |
| X222.182.2300.PWK01.020 | 07/01/2011 | | PWK01 | | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.PWK01 must be valid values. | |
| X222.182.2300.PWK02.010 | 07/01/2011 | | PWK02 | Attachment Transmission Code | ID | 1-2 | R | | | | AA, BM, EL, EM, FT, FX | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.PWK02 must be present. | |
| X222.182.2300.PWK02.020 | 07/01/2011 | | PWK02 | | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.PWK02 must be valid values. | |
| X222.182.2300.PWK03.010 | 07/01/2011 | | PWK03 | Report Copies Needed | N0 | 1-2 | N/U | | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.182.2300.PWK04.010 | 07/01/2011 | | PWK04 | Entity Identifier Code | ID | 2-3 | N/U | | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.182.2300.PWK05.010 | 07/01/2011 | | PWK05 | Identification Code Qualifier | ID | 1-2 | S | | | | AC | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | When 2300.PWK05 is present, 2300.PWK02 must be "BM", "EL", "EM", "FX" or "FT". | |
| X222.182.2300.PWK05.020 | 07/01/2011 | | PWK05 | | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.PWK05 must be "AC". | |
| X222.182.2300.PWK06.010 | 07/01/2011 | | PWK06 | Attachment Control Number | AN | 2-80 | S | | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | When 2300.PWK06 is present, 2300.PWK02 must be "BM", "EL", "EM", "FX" or "FT". | |
| X222.182.2300.PWK06.020 | 07/01/2011 | | PWK06 | | | | | | | | | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" | 2300.PWK06 must be 2-50 characters. | IG note limiting to 50 |
| X222.182.2300.PWK06.030 | 07/01/2011 | | PWK06 | | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 489: "Attachment Control Number" | | |
| X222.182.2300.PWK06.040 | 07/01/2011 | | PWK06 | | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.PWK06 must be populated with accepted AN characters. | |
| X222.182.2300.PWK06.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | | |
| X222.182.2300.PWK06.060 | 07/01/2011 | | PWK06 | | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.PWK06 must contain at least two non-space characters. | |
| X222.182.2300.PWK06.070 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | | |
| X222.182.2300.PWK07.010 | 07/01/2011 | | PWK07 | Description | AN | 1-80 | N/U | | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.182.2300.PWK08.010 | 07/01/2011 | | PWK08 | ACTIONS INDICATED | | | N/U | | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.182.2300.PWK09.010 | 07/01/2011 | | PWK09 | Request Category Code | ID | 1-2 | N/U | | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.186.2300.CN1.010 | 07/01/2011 | | CN1 | CONTRACT INFORMATION | | 1 | S | 2300 | | | | 999 | R | IK304 = I9: "Implementation Dependent "Not Used" Segment Present" | 2300.CN1 must not be present. | IG note that CN1 is not for HIPAA claims. |
| X222.188.2300.AMT.010 | 07/01/2011 | | AMT | PATIENT AMOUNT PAID | | 1 | S | 2300 | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.AMT is allowed. | |
| X222.188.2300.AMT01.010 | 07/01/2011 | | AMT01 | Amount Qualifier Code | ID | 1-3 | R | | | | F5 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.AMT01 must be present. | |
| X222.188.2300.AMT01.020 | 07/01/2011 | | AMT01 | | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.AMT01 must be "F5". | |
| X222.188.2300.AMT02.005 | 07/01/2011 | | AMT02 | Patient Amount Paid | R | 1-18 | R | | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.AMT02 must be present. | |
| X222.188.2300.AMT02.010 | 07/01/2011 | | AMT02 | | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.AMT02 must be numeric. | |
| X222.188.2300.AMT02.015 | 07/01/2011 | | AMT02 | | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.AMT02 must be >= 0 and <= 99,999.99. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.188.2300.AMT02.020 | 07/01/2011 | | AMT02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 183: "Amount entity has paid" EIC: QC "Patient" | | 11/25: Medicare specific limitation. 01/20: Companion Guide Note needed. |
| X222.188.2300.AMT02.030 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.188.2300.AMT02.050 | 07/01/2011 | | AMT02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 697: "Invalid Decimal Precision" CSC 183: "Amount entity has paid" EIC: QC "Patient" | 2300.AMT02 is limited to 0, 1 or 2 decimal positions. | |
| X222.188.2300.AMT03.010 | 07/01/2011 | | AMT03 | Credit/Debit Flag Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.189.2300.REF.010 | 07/01/2011 | | REF | SERVICE AUTHORIZATION EXCEPTION CODE | | 1 | S | 2300 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.REF with REF01 = "4N" is allowed. | pass thru, syntax only |
| X222.189.2300.REF01.010 | 07/01/2011 | | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | 4N | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF01 must be present. | |
| X222.189.2300.REF01.020 | 07/01/2011 | | REF01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.REF01 must be "4N". | |
| X222.189.2300.REF02.010 | 07/01/2011 | | REF02 | Service Authorization Exception Code | AN | 1-50 | R | | | 1, 2, 3, 4, 5, 6, 7 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF02 must be present. | |
| X222.189.2300.REF02.020 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.REF02 must be valid values. | |
| X222.189.2300.REF03.010 | 07/01/2011 | | REF03 | Description | AN | 1-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.189.2300.REF04.010 | 07/01/2011 | | REF04 | REFERENCE IDENTIFIER | | | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.191.2300.REF.010 | 07/01/2011 | | REF | MANDATORY MEDICARE (SECTION 4081) CROSSOVER INDICATOR | | 1 | S | 2300 | | | 999 | E | IK304 = I9: "Implementation Dependent "Not Used" Segment Present" | 2300.REF with REF01 = "F5" must not be present. | |
| X222.192.2300.REF.010 | 07/01/2011 | | REF | MAMMOGRAPHY CERTIFICATION NUMBER | | 1 | S | 2300 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.REF with REF01 = "EW" is allowed. | |
| X222.192.2300.REF01.010 | 07/01/2011 | | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | EW | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF01 must be present. | |
| X222.192.2300.REF01.020 | 07/01/2011 | | REF01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.REF01 must be "EW". | |
| X222.192.2300.REF02.010 | 07/01/2011 | | REF02 | Mammography Certification Number | AN | 1-50 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF02 must be present. | |
| X222.192.2300.REF02.020 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REF02 must contain at least one non-space character. | |
| X222.192.2300.REF02.030 | 07/01/2011 | | REF02 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.REF02 must be 1 - 50 characters. | |
| X222.192.2300.REF02.035 | 10/01/2012 | | REF02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 252: "Entity's authorization/certification number" EIC: MSC "Mammography Screening Center" | | 12-9-11 New CSC requested for "Mammography Certification number" |
| X222.192.2300.REF02.040 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REF02 must be populated with accepted AN characters. | |
| X222.192.2300.REF02.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | REF02 | | | | | | | | | | | | |
| X222.192.2300.REF02.060 | 07/01/2011 | | REF02 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 252: "Entity's authorization/certification number" EIC: MSC "Mammography Screening Center" | | Valid MQSA reference must be available for this edit. 12-9-11 New CSC requested for "Mammography Certification number" |
| X222.192.2300.REF03.010 | 07/01/2011 | | REF03 | Description | AN | 1-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.192.2300.REF04.010 | 07/01/2011 | | REF04 | REFERENCE IDENTIFIER | | | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.193.2300.REF.010 | 07/01/2011 | | REF | REFERRAL NUMBER | | 1 | S | 2300 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.REF with REF01 = "9F" is allowed. | |
| X222.193.2300.REF01.010 | 07/01/2011 | | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | 9F | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF01 must be present. | |
| X222.193.2300.REF01.020 | 07/01/2011 | | REF01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.REF01 must be"9F". | |
| X222.193.2300.REF02.010 | 07/01/2011 | | REF02 | Prior Authorization or Referral Number | AN | 1-50 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF02 must be present. | |
| X222.193.2300.REF02.020 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REF02 must contain at least one non-space character. | |
| X222.193.2300.REF02.030 | 07/01/2011 | | REF02 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.REF02 must be 1 - 50 characters. | |
| X222.193.2300.REF02.040 | 07/01/2011 | | REF02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 761: "Entity's referral number" EIC: PR "Payer" | | |
| X222.193.2300.REF02.050 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REF02 must be populated with accepted AN characters. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.193.2300.REF02.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.193.2300.REF03.010 | 07/01/2011 | | REF03 | Description | AN | 1-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.193.2300.REF04.010 | 07/01/2011 | | REF04 | REFERENCE IDENTIFIER | | | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.194.2300.REF.010 | 07/01/2011 | | REF | PRIOR AUTHORIZATION | | 1 | S | 2300 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.REF with REF01 = "G1" is allowed. | |
| X222.194.2300.REF01.010 | 07/01/2011 | | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | G1 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF01 must be present. | |
| X222.194.2300.REF01.020 | 07/01/2011 | | REF01 | | | | R | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.REF01 must be "G1". | |
| X222.194.2300.REF02.010 | 07/01/2011 | | REF02 | Prior Authorization or Referral Number | AN | 1-50 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF02 must be present. | |
| X222.194.2300.REF02.020 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REF02 must contain at least one non-space character. | |
| X222.194.2300.REF02.030 | 07/01/2011 | | REF02 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.REF02 must be 1 - 50 characters. | |
| X222.194.2300.REF02.040 | 07/01/2011 | | REF02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" "CSC 512: "Length invalid for receiver's application system" CSC 252: "Entity's authorization/certification number" | | |
| X222.194.2300.REF02.050 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REF02 must be populated with accepted AN characters. | |
| X222.194.2300.REF02.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.194.2300.REF03.010 | 07/01/2011 | | REF03 | Description | AN | 1-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.194.2300.REF04.010 | 07/01/2011 | | REF04 | REFERENCE IDENTIFIER | | | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.196.2300.REF.010 | 07/01/2011 | | REF | PAYER CLAIM CONTROL NUMBER | | 1 | S | 2300 | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 464: "Payer Assigned Claim Control Number." | 2300.REF with REF01 = "F8" must not be present. | Medicare only accepts ORIGINAL claim (CLM05-3=1) 01/20: Companion Guide Note needed. |
| X222.197.2300.REF.010 | 07/01/2011 | | REF | CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) NUMBER | | 1 | S | 2300 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.REF with REF01 = "X4" is allowed. | |
| X222.197.2300.REF01.010 | 07/01/2011 | | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | X4 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF01 must be present. | |
| X222.197.2300.REF01.020 | 07/01/2011 | | REF01 | | | | R | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.REF01 must be "X4". | |
| X222.197.2300.REF02.010 | 07/01/2011 | | REF02 | Clinical Laboratory Improvement Amendment Number | AN | 1-50 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF02 must be present. | |
| X222.197.2300.REF02.020 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REF02 must contain at least one non-space character. | |
| X222.197.2300.REF02.030 | 07/01/2011 | | REF02 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.REF02 must be 1 - 50 characters. | |
| X222.197.2300.REF02.040 | 07/01/2011 | | REF02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 630: "Referring CLIA Number" | | |
| X222.197.2300.REF02.050 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REF02 must be populated with accepted AN characters. | |
| X222.197.2300.REF02.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.197.2300.REF03.010 | 07/01/2011 | | REF03 | Description | AN | 1-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.197.2300.REF04.010 | 07/01/2011 | | REF04 | REFERENCE IDENTIFIER | | | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.199.2300.REF.010 | 07/01/2011 | | REF | REPRICED CLAIM NUMBER | | 1 | S | 2300 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.REF with REF01 = "9A" is allowed. | Pass through, syntax only |
| X222.199.2300.REF01.010 | 07/01/2011 | | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | 9A | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF01 must be present. | |
| X222.199.2300.REF01.020 | 07/01/2011 | | REF01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.REF01 must be "9A". | |
| X222.199.2300.REF02.010 | 07/01/2011 | | REF02 | Repriced Claim Reference Number | AN | 1-50 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF02 must be present. | |
| X222.199.2300.REF02.020 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REF02 must contain at least one non-space character. | |
| X222.199.2300.REF02.030 | 07/01/2011 | | REF02 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.REF02 must be 1-50 characters. | |
| X222.199.2300.REF02.040 | 07/01/2011 | | REF02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 702: "Repriced Claim Reference Number" | | |
| X222.199.2300.REF02.050 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REF02 must be populated with accepted AN characters. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.199.2300.REF02.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.199.2300.REF03.010 | 07/01/2011 | | REF03 | Description | AN | 1-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.199.2300.REF04.010 | 07/01/2011 | | REF04 | REFERENCE IDENTIFIER | | | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.200.2300.REF.010 | 07/01/2011 | | REF | ADJUSTED REPRICED CLAIM NUMBER | | 1 | S | 2300 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.REF with REF01 = "9C" is allowed. | Pass through, syntax only |
| X222.200.2300.REF01.010 | 07/01/2011 | | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | 9C | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.REF01 must be present. | |
| X222.200.2300.REF01.020 | 07/01/2011 | | REF01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.REF01 must be "9C". | |
| X222.200.2300.REF02.010 | 07/01/2011 | | REF02 | Adjusted Repriced Line Item Reference Number | AN | 1-50 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF02 must be present. | |
| X222.200.2300.REF02.020 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REF02 must contain at least one non-space character. | |
| X222.200.2300.REF02.030 | 07/01/2011 | | REF02 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.REF02 must be 1-50 characters. | |
| X222.200.2300.REF02.040 | 07/01/2011 | | REF02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 517: "Adjusted Repriced Claim Reference Number" | | |
| X222.200.2300.REF02.050 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REF02 must be populated with accepted AN characters. | |
| X222.200.2300.REF02.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.200.2300.REF03.010 | 07/01/2011 | | REF03 | Description | AN | 1-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.200.2300.REF04.010 | 07/01/2011 | | REF04 | REFERENCE IDENTIFIER | | | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.201.2300.REF.010 | 07/01/2011 | | REF | INVESTIGATIONAL DEVICE EXEMPTION NUMBER | | 1 | S | 2300 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.REF with REF01 = "LX" is allowed. | |
| X222.201.2300.REF01.010 | 07/01/2011 | | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | LX | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF01 must be present. | |
| X222.201.2300.REF01.020 | 07/01/2011 | | REF01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.REF01 must be "LX". | |
| X222.201.2300.REF02.010 | 07/01/2011 | | REF02 | Investigational Device Exemption Number | AN | 1-50 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF02 must be present. | |
| X222.201.2300.REF02.020 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REF02 must contain at least one non-space character. | |
| X222.201.2300.REF02.030 | 07/01/2011 | | REF02 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.REF02 must be 1 - 50 characters. | |
| X222.201.2300.REF02.040 | 07/01/2011 | | REF02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 579: "Investigational Device Exemption Identifier" | | |
| X222.201.2300.REF02.050 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REF02 must be populated with accepted AN characters. | |
| X222.201.2300.REF02.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.201.2300.REF03.010 | 07/01/2011 | | REF03 | Description | AN | 1-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.201.2300.REF04.010 | 07/01/2011 | | REF04 | REFERENCE IDENTIFIER | | | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.202.2300.REF.010 | 07/01/2011 | | REF | CLAIM IDENTIFIER FOR TRANSMISSION INTERMEDIARIES | | 1 | S | 2300 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.REF with REF01 = "D9" is allowed. | Pass through, syntax only |
| X222.202.2300.REF01.010 | 07/01/2011 | | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | D9 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF01 must be present. | |
| X222.202.2300.REF01.020 | 07/01/2011 | | REF01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.REF01 must be "D9". | |
| X222.202.2300.REF02.010 | 07/01/2011 | | REF02 | Clearinghouse Trace Number | AN | 1-50 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF02 must be present. | |
| X222.202.2300.REF02.020 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REF02 must contain at least one non-space character. | |
| X222.202.2300.REF02.030 | 07/01/2011 | | REF02 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.REF02 must be 1-20 characters. | |
| X222.202.2300.REF02.040 | 07/01/2011 | | REF02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 543: "Clearinghouse or Value Added Network Trace" | | |
| X222.202.2300.REF02.050 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REF02 must be populated with accepted AN characters. | |
| X222.202.2300.REF02.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.202.2300.REF03.010 | 07/01/2011 | | REF03 | Description | AN | 1-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.202.2300.REF04.010 | 07/01/2011 | | REF04 | REFERENCE IDENTIFIER | | | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.204.2300.REF.010 | 07/01/2011 | | REF | MEDICAL RECORD NUMBER | | 1 | S | 2300 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.REF with REF01 = "EA" is allowed. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.204.2300.REF01.010 | 07/01/2011 | | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | EA | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF01 must be present. | |
| X222.204.2300.REF01.020 | 07/01/2011 | | REF01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.REF01 must be "EA". | |
| X222.204.2300.REF02.010 | 07/01/2011 | | REF02 | Medical Record Number | AN | 1-50 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF02 must be present. | |
| X222.204.2300.REF02.020 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REF02 must contain at least one non-space character. | |
| X222.204.2300.REF02.030 | 07/01/2011 | | REF02 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.REF02 must be 1 - 50 characters. | |
| X222.204.2300.REF02.040 | 07/01/2011 | | REF02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 588: "Medical Record Number" | | |
| X222.204.2300.REF02.050 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REF02 must be populated with accepted AN characters. | |
| X222.204.2300.REF02.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.204.2300.REF03.010 | 07/01/2011 | | REF03 | Description | AN | 1-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.204.2300.REF04.010 | 07/01/2011 | | REF04 | REFERENCE IDENTIFIER | | | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.205.2300.REF.010 | 07/01/2011 | | REF | DEMONSTRATION PROJECT IDENTIFIER | | 1 | S | 2300 | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.REF with REF01= "P4" is allowed. | |
| X222.205.2300.REF01.010 | 07/01/2011 | | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | P4 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF01 must be present. | |
| X222.205.2300.REF01.020 | 07/01/2011 | | REF01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.REF01 must be "P4". | |
| X222.205.2300.REF02.010 | 07/01/2011 | | REF02 | Demonstration Project Identifier | AN | 1-50 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF02 must be present. | |
| X222.205.2300.REF02.020 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.REF02 must contain at least one non-space character. | |
| X222.205.2300.REF02.030 | 07/01/2011 | | REF02 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.REF02 must be 1-50 characters. | |
| X222.205.2300.REF02.040 | 07/01/2011 | | REF02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 556: "Demonstration Project Identifier" | | |
| X222.205.2300.REF02.050 | 07/01/2011 | | REF02 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 732: Information submitted inconsistent with billing guidelines CSC 556: Demonstration Project Identifier | If 2300.REF02 (REF01=P4) is a valid VA demonstration project identifier, 1000B.NM109 must be the number identifying the current contractor for processing VA MRA project claims. | This edit applies only to the current contractor who processes VA MRA Project claims. (Previous description had specified a number; 12/6/2012, the reference to contractor number made generic, to ease future updates related to contractor changes.) |
| X222.205.2300.REF03.010 | 07/01/2011 | | REF03 | Description | AN | 1-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.205.2300.REF04.010 | 07/01/2011 | | REF04 | REFERENCE IDENTIFIER | | | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.206.2300.REF.010 | 07/01/2011 | | REF | CARE PLAN OVERSIGHT | | 1 | S | 2300 | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.REF with REF01= "1J" is allowed. | |
| X222.206.2300.REF01.010 | 07/01/2011 | | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | 1J | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF01 must be present. | 02/10: VA will not use this segment, so there are no issues with requiring NPI. |
| X222.206.2300.REF01.020 | 07/01/2011 | | REF01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.REF01 must be "1J". | |
| X222.206.2300.REF02.010 | 07/01/2011 | | REF02 | Care Plan Oversight Number | AN | 1-50 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.REF02 must be present. | |
| X222.206.2300.REF02.020 | 07/01/2011 | | REF02 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 714:: "Care Plan Oversight Number" | 2300.REF02 must be valid according to the NPI algorithm. | |
| X222.206.2300.REF02.030 | 07/01/2011 | | REF02 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 714:: "Care Plan Oversight Number" | The first position of 2300.REF02 must be a "1". | |
| X222.206.2300.REF03.010 | 07/01/2011 | | REF03 | Description | AN | 1-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.206.2300.REF04.010 | 07/01/2011 | | REF04 | REFERENCE IDENTIFIER | | | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.207.2300.K3.010 | 07/01/2011 | | K3 | FILE INFORMATION | | 10 | S | 2300 | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only ten iterations of K3 are allowed. | |
| X222.207.2300.K301.010 | 07/01/2011 | | K301 | Fixed Format Information | AN | 1-80 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.K301 must be present. | |
| X222.207.2300.K301.020 | 07/01/2011 | | K301 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.K301 must contain at least one non-space character. | |
| X222.207.2300.K301.030 | 07/01/2011 | | K301 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.K301 must be 1-80 characters. | |
| X222.207.2300.K301.040 | 07/01/2011 | | K301 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 569: "Fixed Format Information" | | |
| X222.207.2300.K301.050 | 07/01/2011 | | K301 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.K301 must be populated with accepted AN characters. | |
| X222.207.2300.K301.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.207.2300.K302.010 | 07/01/2011 | | K302 | Record Format Code | ID | 1-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.207.2300.K303.010 | 07/01/2011 | | K303 | COMPOSITE UNIT OF MEASURE | | | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.209.2300.NTE.010 | 07/01/2011 | | NTE | CLAIM NOTE | | 1 | S | 2300 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.NTE is allowed. | |
| X222.209.2300.NTE01.010 | 07/01/2011 | | NTE01 | Note Reference Code | ID | 3-3 | R | | | ADD, CER, DCP, DGN, TPO | 999 | R | IK403 = 1: "Required Data Element Missing" | | |
| X222.209.2300.NTE01.020 | 07/01/2011 | | NTE01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.NTE01 must be valid values. | |
| X222.209.2300.NTE02.010 | 07/01/2011 | | NTE02 | Claim Note Text | AN | 1-80 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.NTE02 must be present. | |
| X222.209.2300.NTE02.020 | 07/01/2011 | | NTE02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.NTE02 must contain at least one non-space character. | |
| X222.209.2300.NTE02.030 | 07/01/2011 | | NTE02 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.NTE02 must be 1 - 80 characters. | |
| X222.209.2300.NTE02.040 | 07/01/2011 | | NTE02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 297: "Medical Notes/Report" | | |
| X222.209.2300.NTE02.050 | 07/01/2011 | | NTE02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.NTE02 must be populated with accepted AN characters. | |
| X222.209.2300.NTE02.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.211.2300.CR1.010 | 07/01/2011 | | CR1 | AMBULANCE TRANSPORT INFORMATION | | 1 | S | 2300 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.CR1 is allowed. | |
| X222.211.2300.CR1.020 | 07/01/2011 | | CR1 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 337: "Ambulance certification/documentation" | If 2300.CR1 is present, 2300.CLM05-1 must be "41" or "42". | 02/04: Companion Guide Note needed. |
| X222.211.2300.CR101.010 | 07/01/2011 | | CR101 | Unit or Basis for Measurement Code | ID | 2-2 | S | | | LB | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.CR101 must be "LB". | |
| X222.211.2300.CR102.010 | 07/01/2011 | | CR102 | Patient Weight | R | 1-10 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2300.CR101 is present, then 2300.CR102 must be present. | |
| X222.211.2300.CR102.015 | 07/01/2011 | | CR102 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.CR102 must be >0 and <= 9,999.99 | |
| X222.211.2300.CR102.020 | 07/01/2011 | | CR102 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 273: "Weight" CSC 337: "Ambulance certification/documentation" | | 12/2: Companion Guide note needed - instruct submitters to send <TBD> if transport was not actually conducted. 02/11: Submitted a HIR to X12 to clarify the submission requirements and provide a work-around. |
| X222.211.2300.CR103.010 | 07/01/2011 | | CR103 | Ambulance Transport Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.211.2300.CR104.010 | 07/01/2011 | | CR104 | Ambulance Transport Reason Code | ID | 1-1 | R | | | A, B, C, D, E | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CR104 must be present. | |
| X222.211.2300.CR104.020 | 07/01/2011 | | CR104 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.CR104 must be valid values. | |
| X222.211.2300.CR105.010 | 07/01/2011 | | CR105 | Unit or Basis for Measurement Code | ID | 2-2 | R | | | DH | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CR105 must be present. | |
| X222.211.2300.CR105.020 | 07/01/2011 | | CR105 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.CR105 must be "DH". | |
| X222.211.2300.CR106.010 | 07/01/2011 | | CR106 | Transport Distance | R | 1-15 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CR106 must be present. | 03/31: Medicare specific limitation. Companion Guide Note needed. |
| X222.211.2300.CR106.020 | 07/01/2011 | | CR106 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.CR106 must be numeric. | |
| X222.211.2300.CR106.025 | 07/01/2011 | | CR106 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.CR106 must be => 0 and <= 9999. | |
| X222.211.2300.CR106.030 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.211.2300.CR106.040 | 07/01/2011 | | CR106 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 267 "Number of miles patient was transported" | | |
| X222.211.2300.CR107.010 | 07/01/2011 | | CR107 | Address Information | AN | 1-55 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.211.2300.CR108.010 | 07/01/2011 | | CR108 | Address Information | AN | 1-55 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.211.2300.CR109.010 | 07/01/2011 | | CR109 | Round Trip Purpose Description | AN | 1-80 | S | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.CR109 must be 1 - 80 characters. | |
| X222.211.2300.CR109.020 | 07/01/2011 | | CR109 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 266: "Facility point of origin and destination - ambulance" | | |
| X222.211.2300.CR109.030 | 07/01/2011 | | CR109 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.CR109 must be populated with accepted AN characters. | |
| X222.211.2300.CR109.040 | 07/01/2011 | | CR109 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 266: "Facility point of origin and destination - ambulance" | | |
| X222.211.2300.CR109.050 | 07/01/2011 | | CR109 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.CR109 must contain at least one non-space character. | |
| X222.211.2300.CR110.010 | 07/01/2011 | | CR110 | Stretcher Purpose Description | AN | 1-80 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.CR110 must contain at least one non-space character. | |
| X222.211.2300.CR110.020 | 07/01/2011 | | CR110 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.CR110 must be 1 - 80 characters. | |
| X222.211.2300.CR110.030 | 07/01/2011 | | CR110 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 711: "Stretcher Purpose: | | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.211.2300.CR110.040 | 07/01/2011 | | CR110 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.CR110 must be populated with accepted AN characters. | |
| X222.211.2300.CR110.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.214.2300.CR2.010 | 07/01/2011 | | CR2 | SPINAL MANIPULATION SERVICE INFORMATION | | 1 | S | 2300 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.CR2 is allowed. | |
| X222.214.2300.CR201.010 | 07/01/2011 | | CR201 | Treatment Series Number | N0 | 1-9 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.214.2300.CR202.010 | 07/01/2011 | | CR202 | Treatment Count | R | 1-15 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.214.2300.CR203.010 | 07/01/2011 | | CR203 | Subluxation Level Code | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.214.2300.CR204.010 | 07/01/2011 | | CR204 | Subluxation Level Code | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.214.2300.CR205.010 | 07/01/2011 | | CR205 | Unit or Basis for Measurement Code | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.214.2300.CR206.010 | 07/01/2011 | | CR206 | Treatment Period Count | R | 1-15 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.214.2300.CR207.010 | 07/01/2011 | | CR207 | Monthly Treatment Count | R | 1-15 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.214.2300.CR208.010 | 07/01/2011 | | CR208 | Patient Condition Code | ID | 1-1 | R | | | A, C, D, E, F, G, M | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CR208 must be present. | |
| X222.214.2300.CR208.020 | 07/01/2011 | | CR208 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.CR208 must be valid values. | |
| X222.214.2300.CR209.010 | 07/01/2011 | | CR209 | Complication Indicator | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.214.2300.CR210.010 | 07/01/2011 | | CR210 | Patient Condition Description | AN | 1-80 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.CR210 must contain at least one non-space character. | |
| X222.214.2300.CR210.020 | 07/01/2011 | | CR210 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.CR210 must be 1 - 80 characters. | |
| X222.214.2300.CR210.030 | 07/01/2011 | | CR210 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 713:: "Patient Condition Description" | | |
| X222.214.2300.CR210.040 | 07/01/2011 | | CR210 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.CR210 must be populated with accepted AN characters. | |
| X222.214.2300.CR210.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.214.2300.CR211.010 | 07/01/2011 | | CR211 | Patient Condition Description | AN | 1-80 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.CR211 must contain at least one non-space character. | |
| X222.214.2300.CR211.020 | 07/01/2011 | | CR211 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.CR211 must be 1 - 80 characters. | |
| X222.214.2300.CR211.030 | 07/01/2011 | | CR211 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 713:: "Patient Condition Description" | | |
| X222.214.2300.CR211.040 | 07/01/2011 | | CR211 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2300.CR211 must be populated with accepted AN characters. | |
| X222.214.2300.CR211.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.214.2300.CR212.010 | 07/01/2011 | | CR212 | Yes/No Condition or Response Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.216.2300.CRC.010 | 07/01/2011 | | CRC | AMBULANCE CERTIFICATION | | 3 | S | 2300 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only three iterations of 2300.CRC with CRC01 = "07" are allowed. | |
| X222.216.2300.CRC.020 | 07/01/2011 | | CRC | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 337: "Ambulance certification/documentation" | If 2300.CRC is present, 2300.CLM05-1 must be "41" or "42". | |
| X222.216.2300.CRC01.010 | 07/01/2011 | | CRC01 | Code Category | ID | 2-2 | R | | | 07 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CRC01 must be present. | |
| X222.216.2300.CRC01.020 | 07/01/2011 | | CRC01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.CRC01 must be "07". | |
| X222.216.2300.CRC02.010 | 07/01/2011 | | CRC02 | Certification Condition Indicator | ID | 1-1 | R | | | N, Y | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CRC02 must be present. | |
| X222.216.2300.CRC02.020 | 07/01/2011 | | CRC02 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.CRC02 must be valid values. | |
| X222.216.2300.CRC03.010 | 07/01/2011 | | CRC03 | Condition Code | ID | 2-3 | R | | | 01, 04, 05, 06, 07, 08, 09, 12 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CRC03 must be present. | |
| X222.216.2300.CRC03.020 | 07/01/2011 | | CRC03 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.CRC03 must be valid values. | |
| X222.216.2300.CRC04.005 Edit Deactivated | 01/01/2012 | 10/01/2012 | | | | | | | | | | | | | |
| X222.216.2300.CRC04.010 | 07/01/2011 | | CRC04 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.CRC04 must be valid values. | |
| X222.216.2300.CRC05.010 | 07/01/2011 | | CRC05 | Condition Code | ID | 2-3 | S | | | 01, 04, 05, 06, 07, 08, 09, 12 | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300.CRC05 can only be present if 2300.CRC04 is present. | |
| X222.216.2300.CRC05.020 | 07/01/2011 | | CRC05 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.CRC05 must be valid values. | |
| X222.216.2300.CRC06.010 | 07/01/2011 | | CRC06 | Condition Code | ID | 2-3 | S | | | 01, 04, 05, 06, 07, 08, 09, 12 | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300.CRC06 can only be present if 2300.CRC05 is present. | |
| X222.216.2300.CRC06.020 | 07/01/2011 | | CRC06 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.CRC06 must be valid values. | |
| X222.216.2300.CRC07.010 | 07/01/2011 | | CRC07 | Condition Code | ID | 2-3 | S | | | 01, 04, 05, 06, 07, 08, 09, 12 | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300.CRC07 can only be present if 2300.CRC06 is present. | |
| X222.216.2300.CRC07.020 | 07/01/2011 | | CRC07 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.CRC07 must be valid values. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/999/277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.219.2300.CRC.010 | 07/01/2011 | | CRC | PATIENT CONDITION INFORMATION: VISION | | 3 | S | 2300 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only three iterations of 2300.CRC with CRC01 = "E1", "E2" or "E3" are allowed. | |
| X222.219.2300.CRC01.010 | 07/01/2011 | | CRC01 | Code Category | ID | 2-2 | R | | | E1, E2, E3 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CRC01 must be present. | |
| X222.219.2300.CRC01.020 | 07/01/2011 | | CRC01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.CRC01 must be valid values. | |
| X222.219.2300.CRC02.010 | 07/01/2011 | | CRC02 | Certification Condition Indicator | ID | 1-1 | R | | | N, Y | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CRC02 must be present. | |
| X222.219.2300.CRC02.020 | 07/01/2011 | | CRC02 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.CRC02 must be valid values. | |
| X222.219.2300.CRC03.010 | 07/01/2011 | | CRC03 | Condition Code | ID | 2-3 | R | | | L1, L2, L3, L4, L5 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CRC03 must be present. | |
| X222.219.2300.CRC03.020 | 07/01/2011 | | CRC03 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.CRC03 must be valid values. | |
| X222.219.2300.CRC04.010 | 07/01/2011 | | CRC04 | Condition Code | ID | 2-3 | S | | | L1, L2, L3, L4, L5 | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300.CRC04 can only be present if 2300.CRC03 is present. | |
| X222.219.2300.CRC04.020 | 04/01/2012 | | CRC04 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.CRC04 must be valid values. | |
| X222.219.2300.CRC05.010 | 07/01/2011 | | CRC05 | Condition Code | ID | 2-3 | S | | | L1, L2, L3, L4, L5 | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300.CRC05 can only be present if 2300.CRC04 is present. | |
| X222.219.2300.CRC05.020 | 07/01/2011 | | CRC05 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.CRC05 must be valid values. | |
| X222.219.2300.CRC06.010 | 07/01/2011 | | CRC06 | Condition Code | ID | 2-3 | S | | | L1, L2, L3, L4, L5 | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300.CRC06 can only be present if 2300.CRC05 is present. | |
| X222.219.2300.CRC06.020 | 07/01/2011 | | CRC06 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.CRC06 must be valid values. | |
| X222.219.2300.CRC07.010 | 07/01/2011 | | CRC07 | Condition Code | ID | 2-3 | S | | | L1, L2, L3, L4, L5 | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300.CRC07 can only be present if 2300.CRC06 is present. | |
| X222.219.2300.CRC07.020 | 07/01/2011 | | CRC07 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.CRC07 must be valid values. | |
| X222.221.2300.CRC.010 | 07/01/2011 | | CRC | HOMEBOUND INDICATOR | | 1 | S | 2300 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.CRC with CRC01 = "75" is allowed. | |
| X222.221.2300.CRC01.010 | 07/01/2011 | | CRC01 | Code Category | ID | 2-2 | R | | | 75 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CRC01 must be present. | |
| X222.221.2300.CRC01.020 | 07/01/2011 | | CRC01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.CRC01 must be "75". | |
| X222.221.2300.CRC02.010 | 07/01/2011 | | CRC02 | Certification Condition Indicator | ID | 1-1 | R | | | Y | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CRC02 must be present. | |
| X222.221.2300.CRC02.020 | 07/01/2011 | | CRC02 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.CRC02 must be "Y". | |
| X222.221.2300.CRC03.010 | 07/01/2011 | | CRC03 | Homebound Indicator | ID | 2-3 | R | | | IH | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CRC03 must be present. | |
| X222.221.2300.CRC03.020 | 07/01/2011 | | CRC03 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.CRC03 must be "IH". | |
| X222.221.2300.CRC04.010 | 07/01/2011 | | CRC04 | Condition Indicator | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.221.2300.CRC05.010 | 07/01/2011 | | CRC05 | Condition Indicator | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.221.2300.CRC06.010 | 07/01/2011 | | CRC06 | Condition Indicator | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.221.2300.CRC07.010 | 07/01/2011 | | CRC07 | Condition Indicator | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.223.2300.CRC.010 | 07/01/2011 | | CRC | EPSDT REFERRAL | | 1 | S | 2300 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.CRC with CRC01 = "ZZ" is allowed. | Pass Through Syntax Only |
| X222.223.2300.CRC01.010 | 07/01/2011 | | CRC01 | Code Category | ID | 2-2 | R | | | ZZ | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CRC01 must be present. | |
| X222.223.2300.CRC01.020 | 07/01/2011 | | CRC01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.CRC01 must be "ZZ". | |
| X222.223.2300.CRC02.010 | 07/01/2011 | | CRC02 | Certification Condition Indicator | ID | 1-1 | R | | | N, Y | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CRC02 must be present. | |
| X222.223.2300.CRC02.020 | 07/01/2011 | | CRC02 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.CRC02 must be valid values. | |
| X222.223.2300.CRC03.010 | 07/01/2011 | | CRC03 | Condition Code | ID | 2-3 | R | | | AV, NU, S2, ST | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.CRC03 must be present. | |
| X222.223.2300.CRC03.020 | 07/01/2011 | | CRC03 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | If 2300.CRC02 is "Y", 2300.CRC03 must be valid values. | |
| X222.223.2300.CRC03.025 | 10/01/2021 | | CRC03 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC: 527 "Certification Condition Indicator" | If 2300.CRC02 is "Y", 2300.CRC03 must not be "NU". | |
| X222.223.2300.CRC03.030 | 07/01/2011 | | CRC03 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | If 2300.CRC02 is "N", 2300.CRC03 must be "NU". | |
| X222.223.2300.CRC04.010 | 07/01/2011 | | CRC04 | Condition Code | ID | 2-3 | S | | | AV, NU, S2, ST | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.CRC04 must be valid values. | |
| X222.223.2300.CRC04.020 | 10/01/2021 | | CRC03 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC: 527 "Certification Condition Indicator" | 2300.CRC04 must not be "NU". | |
| X222.223.2300.CRC05.010 | 07/01/2011 | | CRC05 | Condition Code | ID | 2-3 | S | | | AV, NU, S2, ST | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.CRC05 must be valid values. | |
| X222.223.2300.CRC05.020 | 10/01/2021 | | CRC03 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC: 527 "Certification Condition Indicator" | 2300.CRC05 must not be "NU". | |
| X222.223.2300.CRC06.010 | 07/01/2011 | | CRC06 | Condition Indicator | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.223.2300.CRC07.010 | 07/01/2011 | | CRC07 | Condition Indicator | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI.010 | 07/01/2011 REVISED 10/07/2013 | | HI | | | | | | | | 999 | R | IK304 = 3: "Required Segment Missing" | 2300.HI with HI01-1 = "BK" or "ABK" must be present. | Effective for dates of receipt October 1, 2013, both qualifiers shall be accepted at the translator level to accommodate ICD-10 testing; however, both cannot be present on the same claim. |
| X222.226.2300.HI.020 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI.030 Edit Deactivated | 07/01/2011 | 10/07/2013 | | | | | | | | | | | | | |
| X222.226.2300.HI.040 | 07/01/2011 REVISED 10/07/2013 | | HI | | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.HI with HI01-1 = "BK" or "ABK" is allowed. | Revised to include both qualifiers when ensuring that there is only one iteration of a qualifier for a principal diagnosis code on a claim. |
| X222.226.2300.HI.050 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI.060 Edit Deactivated | 07/01/2011 | 10/07/2013 | | | | | | | | | | | | | |
| X222.226.2300.HI01.010 | 07/01/2011 | | HI01 | HEALTH CARE CODE INFORMATION | | | R | | | | | | | | |
| X222.226.2300.HI01-1.010 | 07/01/2011 | | HI01-1 | Code List Qualifier Code | ID | 1-3 | R | | | ABK, BK | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.HI01-1 must be present. | |
| X222.226.2300.HI01-1.020 | 07/01/2011 REVISED 10/07/2013 | | HI01-1 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.HI01-1 must be "BK" or "ABK". | Revised to allow both qualifiers; edit further refines acceptance of qualifiers by limiting them to the two possible. |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.226.2300.HI01-1.025 | 10/18/2013 (No later than) | **10/01/2015** | HI01-1 | Code List Qualifier Code | ID | 1-3 | R | | | | 999 | E | IK403 = I12: "Implementation Pattern Match Failure" | If ISA15 = "P" HI01-1 must = "BK" | Only ICD-9 qualifiers are allowed on production claims. The purpose of this edit is to prevent ICD-10 codes from coming into the system on production claims prior to ICD-10 implementation. |
| X222.226.2300.HI01-1.026 | 10/18/2013 (No later than) | **10/01/2015** | HI01-1 | Code List Qualifier Code | ID | 1-3 | R | | | BK | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 255: "Diagnosis Code" | | |
| X222.226.2300.HI01-1.030 Edit Deactivated | 07/01/2011 | **10/03/2011** | | | | | | | | | | | | | |
| X222.226.2300.HI01-1.040 Edit Deactivated | 07/01/2011 | **10/07/2013** | | | | | | | | | | | | | |
| X222.226.2300.HI01-2.010 | 07/01/2011 | | HI01-2 | Diagnosis Code | AN | 1-30 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.HI01-2 must be present. | |
| X222.226.2300.HI01-2.020 Edit Deactivated | 07/01/2011 | **10/03/2011** | | | | | | | | | | | | | |
| X222.226.2300.HI01-2.030 | 07/01/2011 REVISED 10/07/2013 | | HI01-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 254: "Principal diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is "1" and 2300.HI01-1 is "BK" then 2300.HI01-2 must be a valid ICD-9-CM Diagnosis code on the date in 2400.DTP03 when DTP01 = "472", based on the ICD-9-CM Diagnosis Code list table. If 2400. DTP02=RD8, use the "from" date to validate. | This edit ensures both that ICD-9 codes are valid for the date of service and that the ICD-9 code set is valid for the date of service. REVISED 10/7/2013 It also specifies using the "from" date to validate for spans of dates. The dates against which validation will occur will be on the ICD-9 code list table. |
| X222.226.2300.HI01-2.040 Edit Deactivated | 07/01/2011 | **10/03/2011** | | | | | | | | | | | | | |
| X222.226.2300.HI01-2.050 | 07/01/2011 REVISED 10/07/2013 | | HI01-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 254: "Principal diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is "1" and 2300.HI01-1 is "ABK" then 2300.HI01-2 must be a valid ICD-10-CM Diagnosis code on the date in 2400.DTP03 when DTP01 = "472", based on the ICD-10-CM Diagnosis Code list table. If DTP02=RD8, use the "from" date to validate | Valid ICD-10 Diagnosis Code list table must be available for this edit. This edit will validate whether a given code is valid as well as whether the ICD-10 code set is valid according to date of service. REVISED 10/07/2013. It will also ensure that the date selected for validation is "from" for spans of dates. |
| X222.226.2300.HI01-2.060 Edit Deactivated | 07/01/2011 | **10/03/2011** | | | | | | | | | | | | | |
| X222.226.2300.HI01-2.070 | 07/01/2011 REVISED 10/07/2013 | | HI01-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 254: "Principal diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3 and SV107-4 are not "1" (all lines) and 2300.HI01-1 is "BK", 2300.HI01-2 must be a valid ICD-9-CM Principal Diagnosis code on the date in 2400.DTP03 (all lines) when DTP01 = "472", based on the ICD-9-CM Diagnosis Code list table. If 2400.DTP02=RD8, use the "from" date to validate. | Revised 10/07/2013 to reflect spans of dates. Valid ICD-9 Diagnosis Code reference must be available for this edit. This edit will validate both individual codes and valid use of the ICD-9 code set when there is no diagnosis pointer for the diagnosis code. The diagnosis code will be checked against the dates indicated on all service lines; for spans of dates, the validation will occur against the "from" date. The code set table will provide the appropriate effective dates. |
| X222.226.2300.HI01-2.080 Edit Deactivated | 07/01/2011 | **10/03/2011** | | | | | | | | | | | | | |
| X222.226.2300.HI01-2.090 | 07/01/2011 Revised - 10/07/2013 | | HI01-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 254: "Principal Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3 and SV107-4 are not "1" (all lines) and 2300.HI01-1 is "ABK", 2300.HI01-2 must be a valid ICD-10-CM Principal Diagnosis code on the date in 2400.DTP03 (all lines) when DTP01 = "472", based on the ICD-10-CM Diagnosis Code list table. If 2400.DTP02=RD8, use the "from" date to validate. | Revised to clarify and add span of date criteria. Valid ICD-10 Diagnosis Code reference must be available for this edit. This edit will validate both individual codes and valid use of the ICD-10 code set when there is no diagnosis pointer for the diagnosis code. The diagnosis code will be checked against the dates indicated on all service lines; for spans of dates, the validation will occur against the "from" date. The code set table will provide the appropriate effective dates. |
| X222.226.2300.HI01-2.100 | 07/01/2011 | | HI01-2 | | | | | | | | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.HI01-2 must not contain a "." | REMOVE PERIODS FROM DIAG CODES IN TRANSLATION |
| X222.226.2300.HI01-2.110 | 07/01/2011 | | HI01-2 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 511: "Invalid character" CSC 254: "Principal diagnosis code" | | |
| X222.226.2300.HI01-2.120 | 04/01/2012 | | HI01-2 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 254: "Principal diagnosis code" CSC 509: External Cause of Injury | If 2300.HI01-1 equals BK, then 2300.HI01-2 must not begin with "E". | ICD-9 only edit. |
| X222.226.2300.HI01-2.125 | 10/01/2012 | | HI01-2 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 254: "Principal diagnosis code" CSC 509: External Cause of Injury | If 2300.HI01-1 equals ABK, then 2300.HI01-2 must not begin with a "V", "W", "X" or "Y". | ICD-10 only edit. |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/999/277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.226.2300.HI01-2.130 | 04/01/2015 | | HI01-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis Code" | If 2300.HI01-1 equals BK or ABK the Diagnosis codes within this HI segment must not be duplicated. | |
| X222.226.2300.HI01-3.010 | 07/01/2011 | | HI01-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI01-4.010 | 07/01/2011 | | HI01-4 | Date Time Period | AN | 1-35 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI01-5.010 | 07/01/2011 | | HI01-5 | Monetary Amount | R | 1-18 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI01-6.010 | 07/01/2011 | | HI01-6 | Quantity | R | 1-15 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI01-7.010 | 07/01/2011 | | HI01-7 | Version Identifier | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI01-8.010 | 07/01/2011 | | HI01-8 | Industry code | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI01-9.010 | 07/01/2011 | | HI01-9 | Yes/No Condition or response Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI02.010 Edit Deactivated | 07/01/2011 | 01/01/2012 | | | | | | | | | | | | | |
| X222.226.2300.HI02.015 Edit Deactivated | 01/01/2012 | 10/01/2012 | HI02 | HEALTH CARE CODE INFORMATION | | | | | | | | | | | |
| X222.226.2300.HI02-1.010 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI02-1.010 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI02-1.020 | 07/01/2011 REVISED 10/07/2013 | | HI02-1 | Diagnosis Type Code | ID | 1-3 | S | | | ABF, BF | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.HI02-1 must be "BF" or "ABF". | Effective for dates of receipt October 1, 2013, both qualifiers shall be accepted at the translator level to accommodate ICD-10 testing; however, both cannot be present on the same claim. |
| X222.226.2300.HI02-1.030 Edit Deactivated | 07/01/2011 | 10/07/2013 | | | | | | | | | | | | | |
| X222.226.2300.HI02-1.040 | 10/07/2013 | | HI102-1 | Diagnosis Type Code | ID | 1-3 | S | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2300 HI01-1 = "BK", then 2300.HI02-1 must be "BF." | Claim must show either ICD-9-CM codes or ICD-10 codes but not both on the same claim. |
| X222.226.2300.HI02-1.050 | 10/07/2013 | | HI102-1 | Diagnosis Type Code | ID | 1-3 | S | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2300 HI01-1 = "ABK", then 2300.HI02-1 must be "ABF". | Claim must show either ICD-9-CM codes or ICD-10 codes but not both on the same claim. |
| X222.226.2300.HI02-2.010 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI02-2.020 | 07/01/2011 REVISED 10/07/2013 | | HI02-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is "2" and 2300.HI02-1 is "BF" then 2300.HI02-2 must be a valid ICD-9-CM Diagnosis code on the date in 2400.DTP03 when DTP01 = "472", based on the ICD-9-CM Diagnosis Code list table. If 2400. DTP02=RD8, use the "from" date to validate. | Valid ICD-9 Diagnosis Code list table must be available for this edit. This edit will validate whether a given code is valid as well as whether the ICD-9 code set is valid according to date of service. It will also ensure that the date selected for validation is "from" for spans of dates. |
| X222.226.2300.HI02-2.030 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI02-2.040 | 07/01/2011 REVISED 10/07/2103 | | HI02-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is "2" and 2300.HI02-1 is "ABF" then 2300.HI02-2 must be a valid ICD-10-CM Diagnosis code on the date in 2400.DTP03 when DTP01 = "472", based on the ICD-10-CM Diagnosis Code list table. If 2400.DTP02=RD8, use the "from" date to validate. | ICD-10 only. Valid ICD-10 Diagnosis Code list table must be available for this edit. Note: validation against this table will not only pertain to effective dates of individual codes but also effective dates for appropriate use of the ICD-10 code set. It will also ensure that the date selected for validation is "from" for spans of dates. |
| X222.226.2300.HI02-2.050 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI02-2.060 | 07/01/2011 REVISED 10/07/2013 | | HI02-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3 and SV107-4 are not "2" (all lines) and 2300.HI02-1 is "BF", 2300.HI02-2 must be a valid ICD-9-CM Diagnosis code on the date in 2400.DTP03 when DTP01 = "472", based on the ICD-9-CM Diagnosis Code list table. If 2400.DTP02=RD8, use the "from" date to validate. | Valid ICD-9 Diagnosis Code reference must be available for this edit. This edit will validate both individual codes and valid use of the ICD-9 code set when there is no diagnosis pointer for the diagnosis code. The diagnosis code will be checked against the dates indicated on all service lines; for spans of dates, the validation will occur against the "from" date. The code set table will provide the appropriate effective dates. |
| X222.226.2300.HI02-2.070 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI02-2.080 | 07/01/2011 REVISED 10/07/2013 | | HI02-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: " Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3 and SV107-4 are not "2" and 2300.HI02-1 is "ABF", 2300.HI02-2 must be a valid ICD-10-CM Diagnosis code on the date in 2400.DTP03 (all lines) when DTP01 = "472", based on the ICD-10-CM Diagnosis Code list table. If 2400.DTP02=RD8, use the "from" date to validate. | Valid ICD-10 Diagnosis Code reference must be available for this edit. This edit will validate both individual codes and valid use of the ICD-10 code set when there is no diagnosis pointer for the diagnosis code. The diagnosis code will be checked against the dates indicated on all service lines; for spans of dates, the validation will occur against the "from" date. The code set table will provide the appropriate effective dates. |
| X222.226.2300.HI02-2.090 | 07/01/2011 | | HI02-2 | | | | | | | | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.HI02-2 must not contain a "." | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.226.2300.HI02-2.100 | 07/01/2011 | | HI02-2 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 511: "Invalid character" CSC 255: "Diagnosis code" | | |
| X222.226.2300.HI02-3.010 | 07/01/2011 | | HI02-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI02-4.010 | 07/01/2011 | | HI02-4 | Date Time Period | AN | 1-35 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI02-5.010 | 07/01/2011 | | HI02-5 | Monetary Amount | R | 1-18 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI02-6.010 | 07/01/2011 | | HI02-6 | Quantity | R | 1-15 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI02-7.010 | 07/01/2011 | | HI02-7 | Version Identifier | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI02-8.010 | 07/01/2011 | | HI02-8 | Industry code | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI02-9.010 | 07/01/2011 | | HI02-9 | Yes/No Condition or response Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI03.010 | 07/01/2011 | | HI03 | HEALTH CARE CODE INFORMATION | | | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300.HI03 can only be present if 2300.HI02 is present. | |
| X222.226.2300.HI03-1.010 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI03-1.020 | 07/01/2011 REVISED 10/07/2013 | | HI03-1 | Diagnosis Type Code | ID | 1-3 | R | | | ABF, BF | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.HI03-1 must be "BF" or "ABF". | Effective for dates of receipt October 1, 2013, both qualifiers shall be accepted at the translator level to accommodate ICD-10 testing; however, both cannot be present on the same claim. |
| X222.226.2300.HI03-1.030 Edit Deactivated | 07/01/2011 | 10/07/2013 | | | | | | | | | | | | | |
| X222.226.2300.HI03-1.040 | 10/07/2013 | | HI03-1 | Diagnosis Type Code | ID | 1-3 | S | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2300 HI01-1 = "BK", then 2300.HI03-1 must be "BF." | Claim must show either ICD-9-CM codes or ICD-10 codes but not both on the same claim. |
| X222.226.2300.HI03-1.050 | 10/07/2013 | | HI103-1 | Diagnosis Type Code | ID | 1-3 | S | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code"" | If 2300 HI01-1 = "ABK", then 2300.HI03-1 must be "ABF". | Claim must show either ICD-9-CM codes or ICD-10 codes but not both on the same claim. |
| X222.226.2300.HI03-2.010 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI03-2.020 | 07/01/2011 REVISED 10/07/2013 | | HI03-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is "3" and 2300.HI03-1 is "BF" then 2300.HI03-2 must be a valid ICD-9-CM Diagnosis code on the date in 2400.DTP03 when DTP01 = "472", based on the ICD-9-CM Diagnosis Code list table. If 2400.DTP02=RD8, use the "from" date to validate. | Valid ICD-9 Diagnosis Code list table must be available for this edit. This edit will validate whether a given code is valid as well as whether the ICD-9 code set is valid according to date of service. It will also ensure that the date selected for validation is "from" for spans of dates. |
| X222.226.2300.HI03-2.030 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI03-2.040 | 07/01/2011 REVISED 10/07/2013 | | HI03-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is "3" and 2300.HI03-1 is "ABF" then 2300.HI03-2 must be a valid ICD-10-CM Diagnosis code on the date in 2400.DTP03 when DTP01 = "472", based on the ICD-10-CM Diagnosis Code list table. If 2400.DTP02=RD8, use the "from" date to validate. | ICD-10 only. Valid ICD-10 Diagnosis Code list table must be available for this edit. Note: validation against this table will not only pertain to effective dates of individual codes but also effective dates for appropriate use of the ICD-10 code set. Revision includes handling span of dates, using the "from" date. |
| X222.226.2300.HI03-2.050 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI03-2.060 | 07/01/2011 REVISED 10/07/2013 | | HI03-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3 and SV107-4 are not "3" (all lines) and 2300.HI03-1 is "BF", 2300.HI03-2 must be a valid ICD-9-CM Diagnosis code on the date in 2400.DTP03 (all lines) when DTP01 = "472", based on the ICD-9-CM Diagnosis Code list table. If 2400.DTP02=RD8, use the "from" date to validate. | Valid ICD-9 Diagnosis Code reference must be available for this edit. This edit will validate both individual codes and valid use of the ICD-9 code set when there is no diagnosis pointer for the diagnosis code. The diagnosis code will be checked against the dates indicated on all service lines; for spans of dates, the validation will occur against the 'from' date. The code set table will provide the appropriate effective dates. |
| X222.226.2300.HI03-2.070 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI03-2.080 | 07/01/2011 REVISED 10/07/2013 | | HI03-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3 and SV107-4 are not "3" and 2300.HI03-1 is "ABF", 2300.HI03-2 must be a valid ICD-10-CM Diagnosis code on the date in 2400.DTP03 (all lines) when DTP01 = "472", based on the ICD-10-CM Diagnosis Code list table. If 2400.DTP02=RD8, use the "from" date to validate. | Valid ICD-10 Diagnosis Code reference must be available for this edit. This edit will validate both individual codes and valid use of the ICD-10 code set when there is no diagnosis pointer for the diagnosis code. The diagnosis code will be checked against the dates indicated on all service lines; for spans of dates, the validation will occur against the 'from' date. The code set table will provide the appropriate effective dates. |
| X222.226.2300.HI03-2.090 | 07/01/2011 | | HI03-2 | | | | | | | | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.HI03-2 must not contain a ".". | |
| X222.226.2300.HI03-2.100 | 07/01/2011 | | HI03-2 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 511: "Invalid character" CSC 255: "Diagnosis code" | | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.226.2300.HI03-3.010 | 07/01/2011 | | HI03-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI03-4.010 | 07/01/2011 | | HI03-4 | Date Time Period | AN | 1-35 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI03-5.010 | 07/01/2011 | | HI03-5 | Monetary Amount | R | 1-18 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI03-6.010 | 07/01/2011 | | HI03-6 | Quantity | R | 1-15 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI03-7.010 | 07/01/2011 | | HI03-7 | Version Identifier | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI03-8.010 | 07/01/2011 | | HI03-8 | Industry code | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI03-9.010 | 07/01/2011 | | HI03-9 | Yes/No Condition or response Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI04.010 | 07/01/2011 | | HI04 | HEALTH CARE CODE INFORMATION | | | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300.HI04 can only be present if 2300.HI03 is present. | |
| X222.226.2300.HI04-1.010 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI04-1.020 | 07/01/2011 REVISED 10/07/2013 | | HI04-1 | Diagnosis Type Code | ID | 1-3 | R | | | ABF, BF | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.HI04-1 must be "BF" or "ABF". | Effective for dates of receipt October 1, 2013, both qualifiers shall be accepted at the translator level to accommodate ICD-10 testing; however, both cannot be present on the same claim. |
| X222.226.2300.HI04-1.030 Edit Deactivated | 07/01/2011 | 10/07/2013 | | | | | | | | | | | | | |
| X222.226.2300.HI04-1.040 | 10/07/2013 | | HI04-1 | Diagnosis Type Code | ID | 1-3 | S | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2300 HI01-1 = "BK", then 2300.HI04-1 must be "BF." | Claim must show either ICD-9-CM codes or ICD-10 codes but not both on the same claim. |
| X222.226.2300.HI04-1.050 | 10/07/2013 | | HI104-1 | Diagnosis Type Code | ID | 1-3 | S | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2300 HI01-1 = "ABK", then 2300.HI04-1 must be "ABF" | Claim must show either ICD-9-CM codes or ICD-10 codes but not both on the same claim. |
| X222.226.2300.HI04-2.010 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI04-2.020 | 07/01/2011 REVISED 10/07/2013 | | HI04-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is "4" and 2300.HI04-1 is "BF" then 2300.HI04-2 must be a valid ICD-9-CM Diagnosis code on the date in 2400.DTP03 when DTP01 = "472", based on the ICD-9-CM Diagnosis Code list table. If 2400.DTP02=RD8, use the "from" date to validate. | Valid ICD-9 Diagnosis Code list table must be available for this edit. This edit will validate whether a given code is valid as well as whether the ICD-9 code set is valid according to date of service. It will also ensure that the date selected for validation is "from" for spans of dates. |
| X222.226.2300.HI04-2.030 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI04-2.040 | 07/01/2011 REVISED 10/07/2013 | | HI04-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is "4" and 2300.HI04-1 is "ABF" then 2300.HI04-2 must be a valid ICD-10-CM Diagnosis code on the date in 2400.DTP03 when DTP01 = "472", based on the ICD-10-CM Diagnosis Code list table. If 2400.DTP02=RD8, use the "from" date to validate. | ICD-10 only. Valid ICD-10 Diagnosis Code list table must be available for this edit. Note: validation against this edit will not only pertain to effective dates of individual codes but also effective dates for appropriate use of the ICD-10 code set. It will also ensure that the date selected for validation is "from" for spans of dates. |
| X222.226.2300.HI04-2.050 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI04-2.060 | 07/01/2011 REVISED 10/07/2013 | | HI04-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3 and SV107-4 are not "4" (all lines) and 2300.HI04-1 is "BF", 2300.HI04-2 must be a valid ICD-9-CM Diagnosis code on the date in 2400.DTP03 (all lines) when DTP01 = "472", based on the ICD-9-CM Diagnosis Code list table. If 2400.DTP02=RD8, use the "from" date to validate. | Valid ICD-9 Diagnosis Code reference must be available for this edit. This edit will validate both individual codes and valid use of the ICD-9 code set when there is no diagnosis pointer for the diagnosis code. The diagnosis code will be checked against the dates indicated on all service lines; for spans of dates, the validation will occur against the "from" date. The code set table will provide the appropriate effective dates. |
| X222.226.2300.HI04-2.070 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI04-2.080 | 07/01/2011 REVISED 10/07/2013 | | HI04-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3 and SV107-4 are not "4" (all lines) and 2300.HI04-1 is "ABF", 2300.HI04-2 must be a valid ICD-10-CM Diagnosis code on the date in 2400.DTP03 (all lines) when DTP01 = "472", based on the ICD-10-CM Diagnosis Code list table. If 2400.DTP02=RD8, use the "from" date to validate. | Valid ICD-10 Diagnosis Code reference must be available for this edit. This edit will validate both individual codes and valid use of the ICD-10 code set when there is no diagnosis pointer for the diagnosis code. The diagnosis code will be checked against the dates indicated on all service lines; for spans of dates, the validation will occur against the "from" date. The code set table will provide the appropriate effective dates. |
| X222.226.2300.HI04-2.090 | 07/01/2011 | | HI04-2 | | | | | | | | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.HI04-2 must not contain a "." | |
| X222.226.2300.HI04-2.100 | 07/01/2011 | | HI04-2 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 511: "Invalid character" CSC 255: "Diagnosis code" | | |
| X222.226.2300.HI04-3.010 | 07/01/2011 | | HI04-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI04-4.010 | 07/01/2011 | | HI04-4 | Date Time Period | AN | 1-35 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.226.2300.HI04-5.010 | 07/01/2011 | | HI04-5 | Monetary Amount | R | 1-18 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI04-6.010 | 07/01/2011 | | HI04-6 | Quantity | R | 1-15 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI04-7.010 | 07/01/2011 | | HI04-7 | Version Identifier | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI04-8.010 | 07/01/2011 | | HI04-8 | Industry code | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI04-9.010 | 07/01/2011 | | HI04-9 | Yes/No Condition or response Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI05.010 | 07/01/2011 | | HI05 | HEALTH CARE CODE INFORMATION | | | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300.HI05 can only be present if 2300.HI04 is present. | |
| X222.226.2300.HI05-1.010 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI05-1.020 | 07/01/2011 REVISED 10/07/2013 | | HI05-1 | Diagnosis Type Code | ID | 1-3 | R | | | ABF, BF | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.HI05-1 must be "BF" or "ABF". | Effective for dates of receipt October 1, 2013, both qualifiers shall be accepted at the translator level to accommodate ICD-10 testing; however, both cannot be present on the same claim. |
| X222.226.2300.HI05-1.030 Edit Deactivated | 07/01/2011 | 10/07/2013 | | | | | | | | | | | | | |
| X222.226.2300.HI05-1.040 | 10/07/2013 | | HI05-1 | Diagnosis Type Code | ID | 1-3 | S | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2300 HI01-1 = "BK", then 2300.HI05-1 must be "BF". | Claim must show either ICD-9 codes or ICD-10 codes but not both on the same claim. |
| X222.226.2300.HI05-1.050 | 10/07/2013 | | HI105-1 | Diagnosis Type Code | ID | 1-3 | S | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2300 HI01-1 = "ABK", then 2300.HI05-1 must be "ABF". | Claim must show either ICD-9 codes or ICD-10 codes but not both on the same claim. |
| X222.226.2300.HI05-2.010 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI05-2.020 | 07/01/2011 REVISED 10/07/2013 | | HI05-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is "5" and 2300.HI05-1 is "BF" then 2300.HI05-2 must be a valid ICD-9-CM Diagnosis code on the date in 2400.DTP03 when DTP01 = "472", based on the ICD-9-CM Diagnosis Code list table. If 2400.DTP02=RD8, use the "from" date to validate. | Valid ICD-9 Diagnosis Code list table must be available for this edit. This edit will validate whether a given code is valid as well as whether the ICD-9 code set is valid according to date of service. It will also ensure that the date selected for validation is "from" for spans of dates. |
| X222.226.2300.HI05-2.030 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI05-2.040 | 07/01/2011 REVISED 10/07/2013 | | HI05-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is "5" and 2300.HI05-1 is "ABF" then 2300.HI05-2 must be a valid ICD-10-CM Diagnosis code on the date in 2400.DTP03 when DTP01 = "472", based on the ICD-10-CM Diagnosis Code list table. If 2400.DTP02=RD8, use the "from" date to validate. | ICD-10 only. Valid ICD-10 Diagnosis Code list table must be available for this edit. Note: validation against this table will not only pertain to effective dates of individual codes but also effective dates for appropriate use of the ICD-10 code set. |
| X222.226.2300.HI05-2.050 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI05-2.060 | 07/01/2011 REVISED 10/07/2013 | | HI05-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3 and SV107-4 are not "5" (all lines) and 2300.HI05-1 is "BF", 2300.HI05-2 must be a valid ICD-9-CM Diagnosis code on the date in 2400.DTP03 (all lines) when DTP01 = "472", based on the ICD-9-CM Diagnosis Code list table. If 2400.DTP02=RD8, use the "from" date to validate. | Valid ICD-9 Diagnosis Code reference must be available for this edit. This edit will validate both individual codes and valid use of the ICD-9 code set when there is no diagnosis pointer for the diagnosis code. The diagnosis code will be checked against the dates indicated on all service lines; for spans of dates, the validation will occur against the "from" date. The code set table will provide the appropriate effective dates. |
| X222.226.2300.HI05-2.070 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI05-2.080 | 07/01/2011 REVISED 10/07/2013 | | HI05-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3 and SV107-4 are not "5" and 2300.HI05-1 is "ABF", 2300.HI05-2 must be a valid ICD-10-CM Diagnosis code on the date in 2400.DTP03 (all lines) when DTP01 = "472", based on the ICD-10-CM Diagnosis Code list table. If 2400.DTP02=RD8, use the "from" date to validate. | Valid ICD-10 Diagnosis Code reference must be available for this edit. This edit will validate both individual codes and valid use of the ICD-10 code set when there is no diagnosis pointer for the diagnosis code. The diagnosis code will be checked against the dates indicated on all service lines; for spans of dates, the validation will occur against the "from" date. The code set table will provide the appropriate effective dates. |
| X222.226.2300.HI05-2.090 | 07/01/2011 | | HI05-2 | | | | | | | | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.HI05-2 must not contain a "." | |
| X222.226.2300.HI05-2.100 | 07/01/2011 | | HI05-2 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 511: "Invalid character" CSC 255: "Diagnosis code" | | |
| X222.226.2300.HI05-3.010 | 07/01/2011 | | HI05-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI05-4.010 | 07/01/2011 | | HI05-4 | Date Time Period | AN | 1-35 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI05-5.010 | 07/01/2011 | | HI05-5 | Monetary Amount | R | 1-18 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.226.2300.HI05-6.010 | 07/01/2011 | | HI05-6 | Quantity | R | 1-15 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI05-7.010 | 07/01/2011 | | HI05-7 | Version Identifier | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI05-8.010 | 07/01/2011 | | HI05-8 | Industry code | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI05-9.010 | 07/01/2011 | | HI05-9 | Yes/No Condition or response Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI06.010 | 07/01/2011 | | HI06 | HEALTH CARE CODE INFORMATION | | | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300.HI06 can only be present if 2300.HI05 is present. | |
| X222.226.2300.HI06-1.010 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI06-1.020 | 07/01/2011 REVISED 10/07/2013 | | HI06-1 | Diagnosis Type Code | ID | 1-3 | R | | | ABF, BF | 999 | R | IK403 = 7: "Invalid Code Value". | 2300.HI06-1 must be "BF" or "ABF". | Effective for dates of receipt October 1, 2013, both qualifiers shall be accepted at the translator level to accommodate ICD-10 testing; however, both cannot be present on the same claim. |
| X222.226.2300.HI06-1.030 Edit Deactivated | 07/01/2011 | 10/07/2013 | | | | | | | | | | | | | |
| X222.226.2300.HI06-1.040 | 10/07/2013 | | HI06-1 | Diagnosis Type Code | ID | 1-3 | S | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for | If 2300 HI01-1 = "BK", then 2300.HI06-1 must be "BF." | Claim must show either ICD-9-CM codes or ICD-10 codes but not both on the same claim. |
| X222.226.2300.HI06-1.050 | 10/07/2013 | | HI106-1 | Diagnosis Type Code | ID | 1-3 | S | | | | 277 | C | Invalid Information…" CSC 255: "Diagnosis code" | If 2300 HI01-1 = "ABK", then 2300.HI06-1 must be "ABF." | Claim must show either ICD-9-CM codes or ICD-10 codes but not both on the same claim. |
| X222.226.2300.HI06-2.010 Edit Deactivated | 07/01/2011 | 10/03/2011 | HI06-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is "6" and 2300.HI06-1 is "BF" then 2300.HI06-2 must be a valid ICD-9-CM Diagnosis code on the date in 2400.DTP03 when DTP01 = "472", based on the ICD-9-CM Diagnosis Code list. | |
| X222.226.2300.HI06-2.020 | 07/01/2011 REVISED 10/07/2013 | | HI06-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is "6" and 2300.HI06-1 is "BF" then 2300.HI06-2 must be a valid ICD-9-CM Diagnosis code on the date in 2400.DTP03 when DTP01 = "472", based on the ICD-9-CM Diagnosis Code list table. If 2400.DTP02=RD8, use the "from" date to validate. | Valid ICD-9 Diagnosis Code list table must be available for this edit. This edit will validate whether a given code is valid as well as whether the ICD-9 code set is valid according to date of service. It will also ensure that the date selected for validation is "from" for spans of dates. |
| X222.226.2300.HI06-2.030 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI06-2.040 | 07/01/2011 REVISESD 10/07/2013 | | HI06-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is "6" and 2300.HI06-1 is "ABF" then 2300.HI06-2 must be a valid ICD-10-CM Diagnosis code on the date in 2400.DTP03 when DTP01 = "472", based on the ICD-10-CM Diagnosis Code list table. If 2400.DTP02=RD8, use the "from" date to validate. table. | ICD-10 only. Valid ICD-10 Diagnosis Code list table must be available for this edit. Note: validation against this table will not only pertain to effective dates of individual codes but also effective dates for appropriate use of the ICD-10 code set. It will also ensure that the date selected for validation is "from" for spans of dates. |
| X222.226.2300.HI06-2.050 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI06-2.060 | 07/01/2011 REVISESD 10/07/2013 | | HI06-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3 and SV107-4 are not "6" (all lines) and 2300.HI06-1 is "BF", 2300.HI06-2 must be a valid ICD-9-CM Diagnosis code on the date in 2400.DTP03 (all lines) when DTP01 = "472", based on the ICD-9-CM Diagnosis Code list table. If 2400.DTP02=RD8, use the "from" date to validate. . | Valid ICD-9 Diagnosis Code reference must be available for this edit. This edit will validate both individual codes and valid use of the ICD-9 code set when there is no diagnosis pointer for the diagnosis code. The diagnosis code will be checked against the dates indicated on all service lines; for spans of dates, the validation will occur against the "from" date. The code set table will provide the appropriate effective dates. |
| X222.226.2300.HI06-2.070 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI06-2.080 | 07/01/2011 REVISED 10/07/2013 | | HI06-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3 and SV107-4 are not "6" (all lines) and 2300.HI06-1 is "ABF", 2300.HI06-2 must be a valid ICD-10-CM Diagnosis code on the date in 2400.DTP03 (all lines) when DTP01 = "472", based on the ICD-10-CM Diagnosis Code list table. If 2400.DTP02=RD8, use the "from" date to validate. | Valid ICD-10 Diagnosis Code reference must be available for this edit. This edit will validate both individual codes and valid use of the ICD-10 code set when there is no diagnosis pointer for the diagnosis code. The diagnosis code will be checked against the dates indicated on all service lines; for spans of dates, the validation will occur against the "from" date. The code set table will provide the appropriate effective dates. |
| X222.226.2300.HI06-2.090 | 07/01/2011 | | HI06-2 | | | | | | | | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.HI06-2 must not contain a "." | |
| X222.226.2300.HI06-2.100 | 07/01/2011 | | HI06-2 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 511: "Invalid character" CSC 255: "Diagnosis code" | | |
| X222.226.2300.HI06-3.010 | 07/01/2011 | | HI06-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI06-4.010 | 07/01/2011 | | HI06-4 | Date Time Period | AN | 1-35 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI06-5.010 | 07/01/2011 | | HI06-5 | Monetary Amount | R | 1-18 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI06-6.010 | 07/01/2011 | | HI06-6 | Quantity | R | 1-15 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI06-7.010 | 07/01/2011 | | HI06-7 | Version Identifier | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI06-8.010 | 07/01/2011 | | HI06-8 | Industry code | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.226.2300.HI06-9.010 | 07/01/2011 | | HI06-9 | Yes/No Condition or response Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI07.010 | 07/01/2011 | | HI07 | HEALTH CARE CODE INFORMATION | | | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300.HI07 can only be present if 2300.HI06 is present. | |
| X222.226.2300.HI07-1.010 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI07-1.020 | 07/01/2011 REVISED 10/07/2013 | | HI07-1 | Diagnosis Type Code | ID | 1-3 | R | | | ABF, BF | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.HI07-1 must be "BF" or "ABF". | Effective for dates of receipt October 1, 2013, both qualifiers shall be accepted at the translator level to accommodate ICD-10 testing; however, both cannot be present on the same claim. |
| X222.226.2300.HI07-1.030 Edit Deactivated | 07/01/2011 | 10/07/2013 | | | | | | | | | | | | | |
| X222.226.2300.HI07-1.040 | 10/07/2013 | | HI07-1 | Diagnosis Type Code | ID | 1-3 | S | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2300 HI01-1 = "BK", then 2300.HI07-1 must be "BF." | Claim must show either ICD-9-CM codes or ICD-10 codes but not both on the same claim. |
| X222.226.2300.HI107-1.050 | 10/07/2013 | | HI107-1 | Diagnosis Type Code | ID | 1-3 | S | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2300 HI01-1 = "ABK", then 2300.HI07-1 must be "ABF". | Claim must show either ICD-9-CM codes or ICD-10 codes but not both on the same claim. |
| X222.226.2300.HI07-2.010 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI07-2.020 | 07/01/2011 REVISED 10/07/2013 | | HI07-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is "7" and 2300.HI07-1 is "BF" then 2300.HI07-2 must be a valid ICD-9-CM Diagnosis code on the date in 2400.DTP03 when DTP01 = "472", based on the ICD-9-CM Diagnosis Code list table. If 2400.DTP02=RD8, use the "from" date to validate. | Valid ICD-9 Diagnosis Code list table must be available for this edit. This edit will validate whether a given code is valid as well as whether the ICD-9 code set is valid according to date of service. It will also ensure that the date selected for validation is "from" for spans of dates. |
| X222.226.2300.HI07-2.030 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI07-2.040 | 07/01/11 REVISED 10/07/2013 | | HI07-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is "7" and 2300.HI07-1 is "ABF" then 2300.HI07-2 must be a valid ICD-10-CM Diagnosis code on the date in 2400.DTP03 when DTP01 = "472", based on the ICD-10-CM Diagnosis Code list table. If 2400.DTP02=RD8, use the "from" date to validate. | ICD-10 only. Valid ICD-10 Diagnosis Code list table must be available for this edit. Note: validation against this table will not only pertain to effective dates of individual codes but also effective dates for appropriate use of the ICD-10 code set. REVISED to show span of dates requirements. |
| X222.226.2300.HI07-2.050 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI07-2.060 | 07/01/2011 REVISED 10/07/2013 | | HI07-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3 and SV107-4 are not "7" (all lines) and 2300.HI07-1 is "BF", 2300.HI07-2 must be a valid ICD-9-CM Diagnosis code on the date in 2400.DTP03 (all lines) when DTP01 = "472", based on the ICD-9-CM Diagnosis Code list table. If 2400.DTP02=RD8, use the "from" date to validate. | Valid ICD-9 Diagnosis Code reference must be available for this edit. This edit will validate both individual codes and valid use of the ICD-9 code set when there is no diagnosis pointer for the diagnosis code. The diagnosis code will be checked against the dates indicated on all service lines; for spans of dates, the validation will occur against the "from" date. The code set table will provide the appropriate effective dates. |
| X222.226.2300.HI07-2.070 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI07-2.080 | 07/01/2011 REVISED 10/07/2013 | | HI07-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3 and SV107-4 are not "7" and 2300.HI07-1 is "ABF", 2300.HI07-2 must be a valid ICD-10-CM Diagnosis code on the date in 2400.DTP03 (all lines) when DTP01 = "472", based on the ICD-10-CM Diagnosis Code list table. If 2400.DTP02=RD8, use the "from" date to validate. | Valid ICD-10 Diagnosis Code reference must be available for this edit. This edit will validate both individual codes and valid use of the ICD-10 code set when there is no diagnosis pointer for the diagnosis code. The diagnosis code will be checked against the dates indicated on all service lines; for spans of dates, the validation will occur against the "from" date. The code set table will provide the appropriate effective dates. |
| X222.226.2300.HI07-2.090 | 07/01/2011 | | HI07-2 | | | | | | | | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.HI07-2 must not contain a ".". | |
| X222.226.2300.HI07-2.100 | 07/01/2011 | | HI07-2 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 511: "Invalid character" CSC 255: "Diagnosis code" | | |
| X222.226.2300.HI07-3.010 | 07/01/2011 | | HI07-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI07-4.010 | 07/01/2011 | | HI07-4 | Date Time Period | AN | 1-35 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI07-5.010 | 07/01/2011 | | HI07-5 | Monetary Amount | R | 1-18 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI07-6.010 | 07/01/2011 | | HI07-6 | Quantity | R | 1-15 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI07-7.010 | 07/01/2011 | | HI07-7 | Version Identifier | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI07-8.010 | 07/01/2011 | | HI07-8 | Industry code | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI07-9.010 | 07/01/2011 | | HI07-9 | Yes/No Condition or response Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI08.010 | 07/01/2011 | | HI08 | HEALTH CARE CODE INFORMATION | | | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300.HI08 can only be present if 2300.HI07 is present. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.226.2300.HI08-1.010 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI08-1.020 | 07/01/2011 REVISED 10/07/2013 | | HI08-1 | Diagnosis Type Code | ID | 1-3 | R | | | ABF, BF | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.HI08-1 must be "BF" or "ABF". | Effective for dates of receipt October 1, 2013, both qualifiers shall be accepted at the translator level to accommodate ICD-10 testing; however, both cannot be present on the same claim. |
| X222.226.2300.HI08-1.030 Edit Deactivated | 07/01/2011 | 10/07/2013 | | | | | | | | | | | | | |
| X222.226.2300.HI08-1.040 | 10/07/2013 | | HI08-1 | Diagnosis Type Code | ID | 1-3 | S | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2300 HI01-1 = "BK", then 2300.HI08-1 must be "BF." | Claim must show either ICD-9-CM codes or ICD-10 codes but not both on the same claim. |
| X222.226.2300.HI08-1.050 | 10/07/2013 | | HI108-1 | Diagnosis Type Code | ID | 1-3 | S | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2300 HI01-1 = "ABK", then 2300.HI08-1 must be "ABF". | Claim must show either ICD-9-CM codes or ICD-10 codes but not both on the same claim. |
| X222.226.2300.HI08-2.010 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI08-2.020 | 07/01/2011 REVISED 10/07/2013 | | HI08-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is "8" and 2300.HI08-1 is "BF" then 2300.HI08-2 must be a valid ICD-9-CM Diagnosis code on the date in 2400.DTP03 when DTP01 = "472", based on the ICD-9-CM Diagnosis Code list table. If 2400.DTP02=RD8, use the "from" date to validate. | Valid ICD-9 Diagnosis Code list table must be available for this edit. This edit will validate whether a given code is valid as well as whether the ICD-9 code set is valid according to date of service. It will also ensure that the date selected for validation is "from" for spans of dates. |
| X222.226.2300.HI08-2.030 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI08-2.040 | 07/01/2011 REVISED 10/07/2013 | | HI08-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is "8" and 2300.HI08-1 is "ABF" then 2300.HI08-2 must be a valid ICD-10-CM Diagnosis code on the date in 2400.DTP03 when DTP01 = "472", based on the ICD-10-CM Diagnosis Code list table. If 2400.DTP02=RD8, use the "from" date to validate. | ICD-10 only. Valid ICD-10 Diagnosis Code list table must be available for this edit. Note: validation against this table will not only pertain to effective dates of individual codes but also effective dates for appropriate use of the ICD-10 code set. |
| X222.226.2300.HI08-2.050 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI08-2.060 | 07/01/2011 REVISED 10/07/2013 | | HI08-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3 and SV107-4 are not "8" (all lines) and 2300.HI08-1 is "BF", 2300.HI08-2 must be a valid ICD-9-CM Diagnosis code on the date in 2400.DTP03 (all lines) when DTP01 = "472", based on the ICD-9-CM Diagnosis Code list table. If 2400.DTP02=RD8, use the "from" date to validate. | Valid ICD-9 Diagnosis Code reference must be available for this edit. This edit will validate both individual codes and valid use of the ICD-9 code set when there is no diagnosis pointer for the diagnosis code. The diagnosis code will be checked against the dates indicated on all service lines; for spans of dates, the validation will occur against the "from" date. The code set table will provide the appropriate effective dates. |
| X222.226.2300.HI08-2.070 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI08-2.080 | 07/01/2011 REVISED 10/07/2013 | | HI08-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3 and SV107-4 are not "8" and 2300.HI08-1 is "ABF", 2300.HI08-2 must be a valid ICD-10-CM Diagnosis code on the date in 2400.DTP03 (all lines) when DTP01 = "472", based on the ICD-10-CM Diagnosis Code list table. If 2400.DTP02=RD8, use the "from" date to validate. | Valid ICD-10 Diagnosis Code reference must be available for this edit. This edit will validate both individual codes and valid use of the ICD-10 code set when there is no diagnosis pointer for the diagnosis code. The diagnosis code will be checked against the dates indicated on all service lines; for spans of dates, the validation will occur against the "from" date. The code set table will provide the appropriate effective dates. |
| X222.226.2300.HI08-2.090 | 07/01/2011 | | HI08-2 | | | | | | | | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.HI08-2 must not contain a ".". | |
| X222.226.2300.HI08-2.100 | 07/01/2011 | | HI08-2 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 511: "Invalid character" CSC 255: "Diagnosis code" | | |
| X222.226.2300.HI08-3.010 | 07/01/2011 | | HI08-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI08-4.010 | 07/01/2011 | | HI08-4 | Date Time Period | AN | 1-35 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI08-5.010 | 07/01/2011 | | HI08-5 | Monetary Amount | R | 1-18 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI08-6.010 | 07/01/2011 | | HI08-6 | Quantity | R | 1-15 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI08-7.010 | 07/01/2011 | | HI08-7 | Version Identifier | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI08-8.010 | 07/01/2011 | | HI08-8 | Industry code | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI08-9.010 | 07/01/2011 | | HI08-9 | Yes/No Condition or response Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI09.010 | 07/01/2011 | | HI09 | HEALTH CARE CODE INFORMATION | | | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300.HI09 can only be present if 2300.HI08 is present. | |
| X222.226.2300.HI09-1.010 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.226.2300.HI09-1.020 | 10/03/2011 REVISED 10/07/2013 | | HI09-1 | Diagnosis Type Code | ID | 1-3 | R | | | ABF, BF | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.HI09-1 must be "BF" or "ABF". | Effective for dates of receipt October 1, 2013, both qualifiers shall be accepted at the translator level to accommodate ICD-10 testing; however, both cannot be present on the same claim. |
| X222.226.2300.HI09-1.030 Edit Deactivated | 10/03/2011 | 10/07/2013 | | | | | | | | | | | | | |
| X222.226.2300.HI09-1.040 | 10/07/2013 | | HI09-1 | Diagnosis Type Code | ID | 1-3 | S | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2300 HI01-1 = "BK", then 2300.HI09-1 must be "BF". | Claim must show either ICD-9-CM codes or ICD-10 codes but not both on the same claim. |
| X222.226.2300.HI09-1.050 | 10/07/2013 | | HI109-1 | Diagnosis Type Code | ID | 1-3 | S | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2300 HI01-1 = "ABK", then 2300.HI09-1 must be "ABF". | Claim must show either ICD-9-CM codes or ICD-10 codes but not both on the same claim. |
| X222.226.2300.HI09-2.010 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI09-2.020 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI09-2.030 | 07/01/2011 REVISED 10/07/2013 | | HI09-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is "9" and 2300.HI09-1 is "BF" then 2300.HI09-2 must be a valid ICD-9-CM Diagnosis code on the date in 2400.DTP03 when DTP01 = "472", based on the ICD-9-CM Diagnosis Code list table. If 2400.DTP02=RD8, use the "from" date to validate. | Valid ICD-9 Diagnosis Code list table must be available for this edit. This edit will validate whether a given code is valid as well as whether the ICD-9 code set is valid according to date of service. It will also ensure that the date selected for validation is "from" for spans of dates. |
| X222.226.2300.HI09-2.040 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI09-2.050 | 07/01/2011 REVISED 10/07/2013 | | HI09-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is "9" and 2300.HI09-1 is "ABF" then 2300.HI09-2 must be a valid ICD-10-CM Diagnosis code on the date in 2400.DTP03 when DTP01 = "472", based on the ICD-10-CM Diagnosis Code list table. If 2400.DTP02=RD8, use the "from" date to validate. | ICD-10 only. Valid ICD-10 Diagnosis Code list table must be available for this edit. Note: validation against this table will not only pertain to effective dates of individual codes but also effective dates for appropriate use of the ICD-10 code set. |
| X222.226.2300.HI09-2.060 Edit Deactivated | 07/01/2011 | 10/03/2011 | HI09-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3, and SV107-4 are not "9" and 2300.HI09-1 is "BF" then 2300.HI09-2 must be a valid ICD-9-CM Principal Diagnosis code for every date in the date of service range for this claim. | |
| X222.226.2300.HI09-2.070 | 07/01/2011 REVISED 10/07/2013 | | HI09-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3 and SV107-4 are not "9" (all lines) and 2300.HI09-1 is "BF", 2300.HI09-2 must be a valid ICD-9-CM Diagnosis code on the date in 2400.DTP03 (all lines) when DTP01 = "472", based on the ICD-9-CM Diagnosis Code list table. If 2400.DTP02=RD8, use the "from" date to validate. | Valid ICD-9 Diagnosis Code reference must be available for this edit. This edit will validate both individual codes and valid use of the ICD-9 code set when there is no diagnosis pointer for the diagnosis code. The diagnosis code will be checked against the dates indicated on all service lines; for spans of dates, the validation will occur against the "from" date. The code set table will provide the appropriate effective dates. |
| X222.226.2300.HI09-2.080 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI09-2.090 | 07/01/2011 REVISED 10/07/2013 | | HI09-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3 and SV107-4 are not "9" and 2300.HI09-1 is "ABF", 2300.HI09-2 must be a valid ICD-10-CM Diagnosis code on the date in 2400.DTP03 (all lines) when DTP01 = "472", based on the ICD-10-CM Diagnosis Code list table. If 2400.DTP02=RD8, use the "from" date to validate. | Valid ICD-10 Diagnosis Code reference must be available for this edit. This edit will validate both individual codes and valid use of the ICD-10 code set when there is no diagnosis pointer for the diagnosis code. The diagnosis code will be checked against the dates indicated on all service lines; for spans of dates, the validation will occur against the "from" date. The code set table will provide the appropriate effective dates. |
| X222.226.2300.HI09-2.100 | 07/01/2011 | | HI09-2 | | | | | | | | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.HI09-2 must not contain a ".". | |
| X222.226.2300.HI09-2.110 | 07/01/2011 | | HI09-2 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 511: "Invalid character" CSC 255: "Diagnosis code" | | |
| X222.226.2300.HI09-3.010 | 07/01/2011 | | HI09-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI09-4.010 | 07/01/2011 | | HI09-4 | Date Time Period | AN | 1-35 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI09-5.010 | 07/01/2011 | | HI09-5 | Monetary Amount | R | 1-18 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI09-6.010 | 07/01/2011 | | HI09-6 | Quantity | R | 1-15 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI09-7.010 | 07/01/2011 | | HI09-7 | Version Identifier | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI09-8.010 | 07/01/2011 | | HI09-8 | Industry code | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI09-9.010 | 07/01/2011 | | HI09-9 | Yes/No Condition or response Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI10.010 | 07/01/2011 | | HI10 | HEALTH CARE CODE INFORMATION | | | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300.HI10 can only be present if 2300.HI09 is present. | |
| X222.226.2300.HI10-1.010 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.226.2300.HI10-1.020 | 10/03/2011 REVISED 10/07/2013 | | HI10-1 | Diagnosis Type Code | ID | 1-3 | R | | | ABF, BF | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.HI10-1 must be "BF" or "ABF". | Effective for dates of receipt October 1, 2013, both qualifiers shall be accepted at the translator level to accommodate ICD-10 testing; however, both cannot be present on the same claim. |
| X222.226.2300.HI10-1.030 Edit deactivated | 10/03/2011 | 10/07/2013 | | | | | | | | | | | | | |
| X222.226.2300.HI10-1.040 | 10/07/2013 | | HI10-1 | Diagnosis Type Code | ID | 1-3 | S | | | | 277 | C | ICSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2300 HI01-1 = "BK", then 2300.HI10-1 must be "BF". | Claim must show either ICD-9-CM codes or ICD-10 codes but not both on the same claim. |
| X222.226.2300.HI10-1.050 | 10/07/2013 | | HI10-1 | Diagnosis Type Code | ID | 1-3 | S | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2300 HI01-1 = "ABK", then 2300.HI10-1 must be "ABF". | Claim must show either ICD-9-CM codes or ICD-10 codes but not both on the same claim. |
| X222.226.2300.HI10-2.010 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI10-2.020 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI10-2.030 | 07/01/2011 REVISED 10/07/2013 | | HI10-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is "10" and 2300.HI10-1 is "BF" then 2300.HI10-2 must be a valid ICD-9-CM Diagnosis code on the date in 2400.DTP03 when DTP01 = "472", based on the ICD-9-CM Diagnosis Code list table. If 2400.DTP02=RD8, use the "from" date to validate. | Valid ICD-9 Diagnosis Code list table must be available for this edit. This edit will validate whether a given code is valid as well as whether the ICD-9 code set is valid according to date of service. It will also ensure that the date selected for validation is "from" for spans of dates. |
| X222.226.2300.HI10-2.040 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI10-2.050 | 07/01/2011 REVISED 10/07/2013 | | HI10-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is "10" and 2300.HI10-1 is "ABF" then 2300.HI10-2 must be a valid ICD-10-CM Diagnosis code on the date in 2400.DTP03 when DTP01 = "472", based on the ICD-10-CM Diagnosis Code list table. If 2400.DTP02=RD8, use the "from" date to validate. | ICD-10 only. Valid ICD-10 Diagnosis Code list table must be available for this edit. Note: validation against this table will not only pertain to effective dates of individual codes but also effective dates for appropriate use of the ICD-10 code set. |
| X222.226.2300.HI10-2.060 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI10-2.070 | 07/01/2011 REVISED 10/07/2013 | | HI10-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3 and SV107-4 are not "10" (all lines) and 2300.HI10-1 is "BF", 2300.HI10-2 must be a valid ICD-9-CM Diagnosis code on the date in 2400.DTP03 (all lines) when DTP01 = "472", based on the ICD-9-CM Diagnosis Code list table. If 2400.DTP02=RD8, use the "from" date to validate. | Valid ICD-9 Diagnosis Code reference must be available for this edit. This edit will validate both individual codes and valid use of the ICD-9 code set when there is no diagnosis pointer for the diagnosis code. The diagnosis code will be checked against the dates indicated on all service lines; for spans of dates, the validation will occur against the "from" date. The code set table will provide the appropriate effective dates. |
| X222.226.2300.HI10-2.080 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI10-2.090 | 07/01/2011 REVISED 10/07/2013 | | HI10-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3 and SV107-4 are not "10" and 2300.HI10-1 is "ABF", 2300.HI10-2 must be a valid ICD-10-CM Diagnosis code on the date in 2400.DTP03 (all lines) when DTP01 = "472", based on the ICD-10-CM Diagnosis Code list table. If 2400.DTP02=RD8, use the "from" date to validate. | Valid ICD-10 Diagnosis Code reference must be available for this edit. This edit will validate both individual codes and valid use of the ICD-10 code set when there is no diagnosis pointer for the diagnosis code. The diagnosis code will be checked against the dates indicated on all service lines; for spans of dates, the validation will occur against the "from" date. The code set table will provide the appropriate effective dates. |
| X222.226.2300.HI10-2.100 | 07/01/2011 | | HI10-2 | | | | | | | | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.HI10-2 must not contain a ".". | |
| X222.226.2300.HI10-2.110 | 07/01/2011 | | HI10-2 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 511: "Invalid character" CSC 255: "Diagnosis code" | | |
| X222.226.2300.HI10-3.010 | 07/01/2011 | | HI10-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI10-4.010 | 07/01/2011 | | HI10-4 | Date Time Period | AN | 1-35 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI10-5.010 | 07/01/2011 | | HI10-5 | Monetary Amount | R | 1-18 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI10-6.010 | 07/01/2011 | | HI10-6 | Quantity | R | 1-15 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI10-7.010 | 07/01/2011 | | HI10-7 | Version Identifier | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI10-8.010 | 07/01/2011 | | HI10-8 | Industry code | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI10-9.010 | 07/01/2011 | | HI10-9 | Yes/No Condition or response Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI11.010 | 07/01/2011 | | HI11 | HEALTH CARE CODE INFORMATION | | | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300.HI11 can only be present if 2300.HI10 is present. | |
| X222.226.2300.HI11-1.010 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.226.2300.HI11-1.020 | 10/03/2011 REVISED 10/07/2013 | | HI11-1 | Diagnosis Type Code | ID | 1-3 | R | | | ABF, BF | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.HI11-1 must be "BF" or "ABF". | Effective for dates of receipt October 1, 2013, both qualifiers shall be accepted at the translator level to accommodate ICD-10 testing; however, both cannot be present on the same claim. |
| X222.226.2300.HI11-1.030 Edit Deactivated | 10/03/2011 | 10/07/2013 | | | | | | | | | | | | | |
| X222.226.2300.HI11-1.040 | 10/07/2013 | | HI11-1 | Diagnosis Type Code | ID | 1-3 | S | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2300.HI01-1 = "BK", then 2300.HI11-1 must be "BF". | Claim must show either ICD-9-CM codes or ICD-10 codes but not both on the same claim. |
| X222.226.2300.HI11-1.050 | 10/07/2013 | | HI11-1 | Diagnosis Type Code | ID | 1-3 | S | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2300.HI01-1 = "ABK", then 2300.HI11-1 must be "ABF". | Claim must show either ICD-9-CM codes or ICD-10 codes but not both on the same claim. |
| X222.226.2300.HI11-2.010 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI11-2.020 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI11-2.030 | 07/01/2011 REVISED 10/07/2013 | | HI11-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is "11" and 2300.HI11-1 is "BF" then 2300.HI11-2 must be a valid ICD-9-CM Diagnosis code on the date in 2400.DTP03 when DTP01 = "472", based on the ICD-9-CM Diagnosis Code list table. If 2400.DTP02=RD8, use the "from" date to validate. | Valid ICD-9 Diagnosis Code list table must be available for this edit. This edit will validate whether a given code is valid as well as whether the ICD-9 code set is valid according to date of service. It will also ensure that the date selected for validation is "from" for spans of dates. |
| X222.226.2300.HI11-2.040 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI11-2.050 | 07/01/2011 REVISED 10/07/2013 | | HI11-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is "11" and 2300.HI11-1 is "ABF" then 2300.HI11-2 must be a valid ICD-10-CM Diagnosis code on the date in 2400.DTP03 when DTP01 = "472", based on the ICD-10-CM Diagnosis Code list table. If 2400.DTP02=RD8, use the "from" date to validate. | ICD-10 only. Valid ICD-10 Diagnosis Code list table must be available for this edit. Note: validation against this table will not only pertain to effective dates of individual codes but also effective dates for appropriate use of the ICD-10 code set. |
| X222.226.2300.HI11-2.060 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI11-2.070 | 07/01/2011 REVISED 10/07/2013 | | HI11-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3 and SV107-4 are not "11" (all lines) and 2300.HI11-1 is "BF", 2300.HI11-2 must be a valid ICD-9-CM Diagnosis code on the date in 2400.DTP03 (all lines) when DTP01 = "472", based on the ICD-9-CM Diagnosis Code list table. If 2400.DTP02=RD8, use the "from" date to validate. | Valid ICD-9 Diagnosis Code reference must be available for this edit. This edit will validate both individual codes and valid use of the ICD-9 code set when there is no diagnosis pointer for the diagnosis code. The diagnosis code will be checked against the dates indicated on all service lines; for spans of dates, the validation will occur against the "from" date. The code set table will provide the appropriate effective dates. |
| X222.226.2300.HI11-2.080 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI11-2.090 | 07/01/2011 REVISED 10/07/2013 | | HI11-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3 and SV107-4 are not "11" and 2300.HI11-1 is "ABF", 2300.HI11-2 must be a valid ICD-10-CM Diagnosis code on the date in 2400.DTP03 (all lines) when DTP01 = "472", based on the ICD-10-CM Diagnosis Code list table. If 2400.DTP02=RD8, use the "from" date to validate. | Valid ICD-10 Diagnosis Code reference must be available for this edit. This edit will validate both individual codes and valid use of the ICD-10 code set when there is no diagnosis pointer for the diagnosis code. The diagnosis code will be checked against the dates indicated on all service lines; for spans of dates, the validation will occur against the "from" date. The code set table will provide the appropriate effective dates. |
| X222.226.2300.HI11-2.100 | 07/01/2011 | | HI11-2 | | | | | | | | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.HI11-2 must not contain a ".". | |
| X222.226.2300.HI11-2.110 | 07/01/2011 | | HI11-2 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 511: "Invalid character" CSC 255: "Diagnosis code" | | |
| X222.226.2300.HI11-3.010 | 07/01/2011 | | HI11-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI11-4.010 | 07/01/2011 | | HI11-4 | Date Time Period | AN | 1-35 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI11-5.010 | 07/01/2011 | | HI11-5 | Monetary Amount | R | 1-18 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI11-6.010 | 07/01/2011 | | HI11-6 | Quantity | R | 1-15 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI11-7.010 | 07/01/2011 | | HI11-7 | Version Identifier | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI11-8.010 | 07/01/2011 | | HI11-8 | Industry code | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI11-9.010 | 07/01/2011 | | HI11-9 | Yes/No Condition or response Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI12.010 | 07/01/2011 | | HI12 | HEALTH CARE CODE INFORMATION | | | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300.HI12 can only be present if 2300.HI11 is present. | |
| X222.226.2300.HI12-1.010 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.226.2300.HI12-1.020 | 10/03/2011 REVISED 10/07/2013 | | HI12-1 | Diagnosis Type Code | ID | 1-3 | R | | | ABF, BF | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.HI12-1 must be "BF" or "ABF". | Effective for dates of receipt October 1, 2013, both qualifiers shall be accepted at the translator level to accommodate ICD-10 testing; however, both cannot be present on the same claim. |
| X222.226.2300.HI12-1.030 Edit Deactivated | 10/03/2011 | 10/07/2013 | | | | | | | | | | | | | |
| X222.226.2300.HI12-1.040 | 10/07/2013 | | HI12-1 | Diagnosis Type Code | ID | 1-3 | S | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2300 HI01-1 = "BK", then 2300.HI12-1 must be "BF." | Claim must show either ICD-9-CM codes or ICD-10 codes but not both on the same claim. |
| X222.226.2300.HI12-1.050 | 10/07/2013 | | HI12-1 | Diagnosis Type Code | ID | 1-3 | S | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2300 HI01-1 = "ABK", then 2300.HI12-1 must be "ABF". | Claim must show either ICD-9-CM codes or ICD-10 codes but not both on the same claim. |
| X222.226.2300.HI12-2.010 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI12-2.020 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI12-2.030 | 07/01/2011 REVISED 10/07/2013 | | HI12-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is "12" and 2300.HI12-1 is "BF" then 2300.HI12-2 must be a valid ICD-9-CM Diagnosis code on the date in 2400.DTP03 when DTP01 = "472", based on the ICD-9-CM Diagnosis Code list table. If 2400.DTP02=RD8, use the "from" date to validate. | Valid ICD-9 Diagnosis Code list table must be available for this edit. This edit will validate whether a given code is valid as well as whether the ICD-9 code set is valid according to date of service. It will also ensure that the date selected for validation is "from" for spans of dates. |
| X222.226.2300.HI12-2.040 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI12-2.050 | 07/01/2011 REVISED 10/07/2013 | | HI12-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3, or SV107-4 is "12" and 2300.HI12-1 is "ABF" then 2300.HI12-2 must be a valid ICD-10-CM Diagnosis code on the date in 2400.DTP03 when DTP01 = "472", based on the ICD-10-CM Diagnosis Code list table. If 2400.DTP02=RD8, use the "from" date to validate. table. | ICD-10 only. Valid ICD-10 Diagnosis Code list table must be available for this edit. Note: validation against this table will not only pertain to effective dates of individual codes but also effective dates for appropriate use of the ICD-10 code set. |
| X222.226.2300.HI12-2.060 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI12-2.070 | 07/01/2011 REVISED 10/07/2013 | | HI12-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3 and SV107-4 are not "12" (all lines) and 2300.HI12-1 is "BF", 2300.HI12-2 must be a valid ICD-9-CM Diagnosis code on the date in 2400.DTP03 when DTP01 = "472", based on the ICD-9-CM Diagnosis Code list table. If 2400.DTP02=RD8, use the "from" date to validate. | Valid ICD-9 Diagnosis Code reference must be available for this edit. This edit will validate both individual codes and valid use of the ICD-9code set when there is no diagnosis pointer for the diagnosis code. The diagnosis code will be checked against the dates indicated on all service lines; for spans of dates, the validation will occur against the "from" date. The code set table will provide the appropriate effective dates. |
| X222.226.2300.HI12-2.080 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.226.2300.HI12-2.090 | 07/01/2011 REVISED 10/07/2013 | | HI12-2 | Diagnosis Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 255: "Diagnosis code" | If 2400.SV107-1, SV107-2, SV107-3 and SV107-4 are not "12" and 2300.HI12-1 is "ABF", 2300.HI12-2 must be a valid ICD-10-CM Diagnosis code on the date in 2400.DTP03 (all lines) when DTP01 = "472", based on the ICD-10-CM Diagnosis Code list table. If 2400.DTP02=RD8, use the "from" date to validate. | Valid ICD-10 Diagnosis Code reference must be available for this edit. This edit will validate both individual codes and valid use of the ICD-10 code set when there is no diagnosis pointer for the diagnosis code. The diagnosis code will be checked against the dates indicated on all service lines; for spans of dates, the validation will occur against the "from" date. The code set table will provide the appropriate effective dates. |
| X222.226.2300.HI12-2.100 | 07/01/2011 | | HI12-2 | | | | | | | | 999 | E | IK403 = 6: "Invalid Character in Data Element" | 2300.HI12-2 must not contain a ".". | |
| X222.226.2300.HI12-2.110 | 07/01/2011 | | HI12-2 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 511: "Invalid character" CSC 255: "Diagnosis code" | | |
| X222.226.2300.HI12-3.010 | 07/01/2011 | | HI12-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI12-4.010 | 07/01/2011 | | HI12-4 | Date Time Period | AN | 1-35 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI12-5.010 | 07/01/2011 | | HI12-5 | Monetary Amount | R | 1-18 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI12-6.010 | 07/01/2011 | | HI12-6 | Quantity | R | 1-15 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI12-7.010 | 07/01/2011 | | HI12-7 | Version Identifier | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI12-8.010 | 07/01/2011 | | HI12-8 | Industry code | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.226.2300.HI12-9.010 | 07/01/2011 | | HI12-9 | Yes/No Condition or response Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.239.2300.HI.010 | 07/01/2011 | | HI | ANESTHESIA RELATED PROCEDURE | | 1 | S | 2300 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2300.HI with HI01-1 = "BP" is allowed. | |
| X222.239.2300.HI01.010 | 07/01/2011 | | HI01 | HEALTH CARE CODE INFORMATION | | | R | | | | | | | | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.239.2300.HI01-1.010 | 07/01/2011 | | HI01-1 | Code List Qualifier | ID | 1-3 | R | | | BP | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.HI01-1 must be present. | |
| X222.239.2300.HI01-1.020 | 07/01/2011 | | HI01-1 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.HI01-1 must be "BP". | |
| X222.239.2300.HI01-2.010 | 07/01/2011 | | HI01-2 | Anesthesia Related Surgical Procedure | AN | 1-30 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.HI01-2 must be present. | |
| X222.239.2300.HI01-2.020 | 07/01/2011 | | HI01-2 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 465: "Principal Procedure Code for Service(s) Rendered" | 2300.HI01-2 must be a valid HCPCS Principle Procedure code. | Valid HCPCS reference must be available for this edit. |
| X222.239.2300.HI01-2.030 | 04/01/2015 | | HI01-2 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 454: "Procedure code for services rendered." | The Procedure codes within this HI segment must not be duplicated. | |
| X222.239.2300.HI01-3.010 | 07/01/2011 | | HI01-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: Implementation "Not Used" Element Present" | Must not be present. | |
| X222.239.2300.HI01-4.010 | 07/01/2011 | | HI01-4 | Date Time Period | AN | 1-35 | N/U | | | | 999 | E | IK403 = I10: Implementation "Not Used" Element Present" | Must not be present. | |
| X222.239.2300.HI01-5.010 | 07/01/2011 | | HI01-5 | Monetary Amount | R | 1-18 | N/U | | | | 999 | E | IK403 = I10: Implementation "Not Used" Element Present" | Must not be present. | |
| X222.239.2300.HI01-6.010 | 07/01/2011 | | HI01-6 | Quantity | R | 1-15 | N/U | | | | 999 | E | IK403 = I10: Implementation "Not Used" Element Present" | Must not be present. | |
| X222.239.2300.HI01-7.010 | 07/01/2011 | | HI01-7 | Version Identifier | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: Implementation "Not Used" Element Present" | Must not be present. | |
| X222.239.2300.HI01-8.010 | 07/01/2011 | | HI01-8 | Industry code | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: Implementation "Not Used" Element Present" | Must not be present. | |
| X222.239.2300.HI01-9.010 | 07/01/2011 | | HI01-9 | Yes/No Condition or response Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: Implementation "Not Used" Element Present" | Must not be present. | |
| X222.239.2300.HI02.010 Edit Deactivated | 07/01/2011 | 01/01/2012 | | | | | | | | | | | | | |
| X222.239.2300.HI02.015 Edit Deactivated | 01/01/2012 | 10/01/2012 | HI02 | HEALTH CARE CODE INFORMATION | | | | | | | | | | | |
| X222.239.2300.HI02-1.010 | 07/01/2011 | | HI02-1 | Code List Qualifier | ID | 1-3 | R | | | BO | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.HI02-1 must be "BO". | |
| X222.239.2300.HI02-2.010 | 07/01/2011 | | HI02-2 | Anesthesia Related Surgical Procedure | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 454: "Procedure code for services rendered" | 2300.HI02-2 must be a valid HCPCS Principle Procedure code. | Valid HCPCS reference must be available for this edit. |
| X222.239.2300.HI02-3.010 | 07/01/2011 | | HI02-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: Implementation "Not Used" Element Present" | Must not be present. | |
| X222.239.2300.HI02-4.010 | 07/01/2011 | | HI02-4 | Date Time Period | AN | 1-35 | N/U | | | | 999 | E | IK403 = I10: Implementation "Not Used" Element Present" | Must not be present. | |
| X222.239.2300.HI02-5.010 | 07/01/2011 | | HI02-5 | Monetary Amount | R | 1-18 | N/U | | | | 999 | E | IK403 = I10: Implementation "Not Used" Element Present" | Must not be present. | |
| X222.239.2300.HI02-6.010 | 07/01/2011 | | HI02-6 | Quantity | R | 1-15 | N/U | | | | 999 | E | IK403 = I10: Implementation "Not Used" Element Present" | Must not be present. | |
| X222.239.2300.HI02-7.010 | 07/01/2011 | | HI02-7 | Version Identifier | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: Implementation "Not Used" Element Present" | Must not be present. | |
| X222.239.2300.HI02-8.010 | 07/01/2011 | | HI02-8 | Industry code | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: Implementation "Not Used" Element Present" | Must not be present. | |
| X222.239.2300.HI02-9.010 | 07/01/2011 | | HI02-9 | Yes/No Condition or response Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: Implementation "Not Used" Element Present" | Must not be present. | |
| X222.239.2300.HI03.010 | 07/01/2011 | | HI03 | HEALTH CARE CODE INFORMATION | | | N/U | | | | 999 | E | IK403 = I10: Implementation "Not Used" Element Present" | Must not be present. | |
| X222.239.2300.HI04.010 | 07/01/2011 | | HI04 | HEALTH CARE CODE INFORMATION | | | N/U | | | | 999 | E | IK403 = I10: Implementation "Not Used" Element Present" | Must not be present. | |
| X222.239.2300.HI05.010 | 07/01/2011 | | HI05 | HEALTH CARE CODE INFORMATION | | | N/U | | | | 999 | E | IK403 = I10: Implementation "Not Used" Element Present" | Must not be present. | |
| X222.239.2300.HI06.010 | 07/01/2011 | | HI06 | HEALTH CARE CODE INFORMATION | | | N/U | | | | 999 | E | IK403 = I10: Implementation "Not Used" Element Present" | Must not be present. | |
| X222.239.2300.HI07.010 | 07/01/2011 | | HI07 | HEALTH CARE CODE INFORMATION | | | N/U | | | | 999 | E | IK403 = I10: Implementation "Not Used" Element Present" | Must not be present. | |
| X222.239.2300.HI08.010 | 07/01/2011 | | HI08 | HEALTH CARE CODE INFORMATION | | | N/U | | | | 999 | E | IK403 = I10: Implementation "Not Used" Element Present" | Must not be present. | |
| X222.239.2300.HI09.010 | 07/01/2011 | | HI09 | HEALTH CARE CODE INFORMATION | | | N/U | | | | 999 | E | IK403 = I10: Implementation "Not Used" Element Present" | Must not be present. | |
| X222.239.2300.HI10.010 | 07/01/2011 | | HI10 | HEALTH CARE CODE INFORMATION | | | N/U | | | | 999 | E | IK403 = I10: Implementation "Not Used" Element Present" | Must not be present. | |
| X222.239.2300.HI11.010 | 07/01/2011 | | HI11 | HEALTH CARE CODE INFORMATION | | | N/U | | | | 999 | E | IK403 = I10: Implementation "Not Used" Element Present" | Must not be present. | |
| X222.239.2300.HI12.010 | 07/01/2011 | | HI12 | HEALTH CARE CODE INFORMATION | | | N/U | | | | 999 | E | IK403 = I10: Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI.010 | 07/01/2011 | | HI | CONDITION INFORMATION | | 2 | S | 2300 | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only two iteration of 2300.HI with HI01-1 = "BG" are allowed. | 12/4: Pass-through, syntax only |
| X222.242.2300.HI01.010 | 07/01/2011 | | HI01 | HEALTH CARE CODE INFORMATION | | | R | | | | | | | | | |
| X222.242.2300.HI01-1.010 | 07/01/2011 | | HI01-1 | Code List Qualifier | ID | 1-3 | R | | | BG | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.HI01-1 must be present. | |
| X222.242.2300.HI01-1.020 | 07/01/2011 | | HI01-1 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.HI01-1 must be "BG". | |
| X222.242.2300.HI01-2.010 | 07/01/2011 | | HI01-2 | Condition Code | AN | 1-30 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2300.HI01-2 must be present. | |
| X222.242.2300.HI01-2.020 | 07/01/2011 | | HI01-2 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 460: "NUBC Condition Code(s)" | 2300.HI01-2 must be a valid Condition code. | Valid NUBC Condition Code reference must be available for this edit. |
| X222.242.2300.HI01-2.030 | 04/01/2015 | | HI01-2 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 460: "NUBC Condition Code(s)" | If 2300.HI01-1 equals BG the Condition codes within this HI segment must not be duplicated. | |
| X222.242.2300.HI01-3.010 | 07/01/2011 | | HI01-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI01-4.010 | 07/01/2011 | | HI01-4 | Date Time Period | AN | 1-35 | N/U | | | | 999 | E | IK403 = I10: Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI01-5.010 | 07/01/2011 | | HI01-5 | Monetary Amount | R | 1-18 | N/U | | | | 999 | E | IK403 = I10: Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI01-6.010 | 07/01/2011 | | HI01-6 | Quantity | R | 1-15 | N/U | | | | 999 | E | IK403 = I10: Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI01-7.010 | 07/01/2011 | | HI01-7 | Version Identifier | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI01-8.010 | 07/01/2011 | | HI01-8 | Industry code | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: Implementation "Not Used" Element Present" | Must not be present. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.242.2300.HI01-9.010 | 07/01/2011 | | HI01-9 | Yes/No Condition or response Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI02.010 Edit Deactivated | 07/01/2011 | 01/01/2012 | | | | | | | | | | | | | |
| X222.242.2300.HI02.015 Edit Deactivated | 01/01/2012 | 10/01/2012 | HI02 | HEALTH CARE CODE INFORMATION | | | | | | | | | | | |
| X222.242.2300.HI02-1.010 | 07/01/2011 | | HI02-1 | Code List Qualifier | ID | 1-3 | R | | | BG | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.HI02-1 must be "BG". | |
| X222.242.2300.HI02-2.010 | 07/01/2011 | | HI02-2 | Condition Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 460: "NUBC Condition Code(s)" | 2300.HI02-2 must be a valid Condition code. | Valid NUBC Condition Code reference must be available for this edit. |
| X222.242.2300.HI02-3.010 | 07/01/2011 | | HI02-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI02-4.010 | 07/01/2011 | | HI02-4 | Date Time Period | AN | 1-35 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI02-5.010 | 07/01/2011 | | HI02-5 | Monetary Amount | R | 1-18 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI02-6.010 | 07/01/2011 | | HI02-6 | Quantity | R | 1-15 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI02-7.010 | 07/01/2011 | | HI02-7 | Version Identifier | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI02-8.010 | 07/01/2011 | | HI02-8 | Industry code | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI02-9.010 | 07/01/2011 | | HI02-9 | Yes/No Condition or response Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI03.010 | 07/01/2011 | | HI03 | HEALTH CARE CODE INFORMATION | | | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300.HI03 can only be present if 2300.HI02 is present. | |
| X222.242.2300.HI03-1.010 | 07/01/2011 | | HI03-1 | Code List Qualifier | ID | 1-3 | R | | | BG | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.HI03-1 must be "BG". | |
| X222.242.2300.HI03-2.010 | 07/01/2011 | | HI03-2 | Condition Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 460: "NUBC Condition Code(s)" | 2300.HI03-2 must be a valid Condition code. | Valid NUBC Condition Code reference must be available for this edit. |
| X222.242.2300.HI03-3.010 | 07/01/2011 | | HI03-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI03-4.010 | 07/01/2011 | | HI03-4 | Date Time Period | AN | 1-35 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI03-5.010 | 07/01/2011 | | HI03-5 | Monetary Amount | R | 1-18 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI03-6.010 | 07/01/2011 | | HI03-6 | Quantity | R | 1-15 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI03-7.010 | 07/01/2011 | | HI03-7 | Version Identifier | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI03-8.010 | 07/01/2011 | | HI03-8 | Industry code | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI03-9.010 | 07/01/2011 | | HI03-9 | Yes/No Condition or response Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI04.010 | 07/01/2011 | | HI04 | HEALTH CARE CODE INFORMATION | | | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300.HI04 can only be present if 2300.HI03 is present. | |
| X222.242.2300.HI04-1.010 | 07/01/2011 | | HI04-1 | Code List Qualifier | ID | 1-3 | R | | | BG | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.HI04-1 must be "BG". | |
| X222.242.2300.HI04-2.010 | 07/01/2011 | | HI04-2 | Condition Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 460: "NUBC Condition Code(s)" | 2300.HI04-2 must be a valid Condition code. | Valid NUBC Condition Code reference must be available for this edit. |
| X222.242.2300.HI04-3.010 | 07/01/2011 | | HI04-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI04-4.010 | 07/01/2011 | | HI04-4 | Date Time Period | AN | 1-35 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI04-5.010 | 07/01/2011 | | HI04-5 | Monetary Amount | R | 1-18 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI04-6.010 | 07/01/2011 | | HI04-6 | Quantity | R | 1-15 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI04-7.010 | 07/01/2011 | | HI04-7 | Version Identifier | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI04-8.010 | 07/01/2011 | | HI04-8 | Industry code | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI04-9.010 | 07/01/2011 | | HI04-9 | Yes/No Condition or response Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI05.010 | 07/01/2011 | | HI05 | HEALTH CARE CODE INFORMATION | | | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300.HI05 can only be present if 2300.HI04 is present. | |
| X222.242.2300.HI05-1.010 | 07/01/2011 | | HI05-1 | Code List Qualifier | ID | 1-3 | R | | | BG | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.HI05-1 must be "BG". | |
| X222.242.2300.HI05-2.010 | 07/01/2011 | | HI05-2 | Condition Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 460: "NUBC Condition Code(s)" | 2300.HI05-2 must be a valid Condition code. | Valid NUBC Condition Code reference must be available for this edit. |
| X222.242.2300.HI05-3.010 | 07/01/2011 | | HI05-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI05-4.010 | 07/01/2011 | | HI05-4 | Date Time Period | AN | 1-35 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI05-5.010 | 07/01/2011 | | HI05-5 | Monetary Amount | R | 1-18 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI05-6.010 | 07/01/2011 | | HI05-6 | Quantity | R | 1-15 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI05-7.010 | 07/01/2011 | | HI05-7 | Version Identifier | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI05-8.010 | 07/01/2011 | | HI05-8 | Industry code | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI05-9.010 | 07/01/2011 | | HI05-9 | Yes/No Condition or response Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI06.010 | 07/01/2011 | | HI06 | HEALTH CARE CODE INFORMATION | | | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300.HI06 can only be present if 2300.HI05 is present. | |
| X222.242.2300.HI06-1.010 | 07/01/2011 | | HI06-1 | Code List Qualifier | ID | 1-3 | R | | | BG | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.HI06-1 must be "BG". | |
| X222.242.2300.HI06-2.010 | 07/01/2011 | | HI06-2 | Condition Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 460: "NUBC Condition Code(s)" | 2300.HI06-2 must be a valid Condition code. | Valid NUBC Condition Code reference must be available for this edit. |
| X222.242.2300.HI06-3.010 | 07/01/2011 | | HI06-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI06-4.010 | 07/01/2011 | | HI06-4 | Date Time Period | AN | 1-35 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.242.2300.HI06-5.010 | 07/01/2011 | | HI06-5 | Monetary Amount | R | 1-18 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI06-6.010 | 07/01/2011 | | HI06-6 | Quantity | R | 1-15 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI06-7.010 | 07/01/2011 | | HI06-7 | Version Identifier | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI06-8.010 | 07/01/2011 | | HI06-8 | Industry code | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI06-9.010 | 07/01/2011 | | HI06-9 | Yes/No Condition or response Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI07.010 | 07/01/2011 | | HI07 | HEALTH CARE CODE INFORMATION | | | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300.HI07 can only be present if 2300.HI06 is present. | |
| X222.242.2300.HI07-1.010 | 07/01/2011 | | HI07-1 | Code List Qualifier | ID | 1-3 | R | | | BG | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.HI07-1 must be "BG". | |
| X222.242.2300.HI07-2.010 | 07/01/2011 | | HI07-2 | Condition Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 460: "NUBC Condition Code(s)" | 2300.HI07-2 must be a valid Condition code. | Valid NUBC Condition Code reference must be available for this edit. |
| X222.242.2300.HI07-3.010 | 07/01/2011 | | HI07-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI07-4.010 | 07/01/2011 | | HI07-4 | Date Time Period | AN | 1-35 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI07-5.010 | 07/01/2011 | | HI07-5 | Monetary Amount | R | 1-18 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI07-6.010 | 07/01/2011 | | HI07-6 | Quantity | R | 1-15 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI07-7.010 | 07/01/2011 | | HI07-7 | Version Identifier | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI07-8.010 | 07/01/2011 | | HI07-8 | Industry code | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI07-9.010 | 07/01/2011 | | HI07-9 | Yes/No Condition or response Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI08.010 | 07/01/2011 | | HI08 | HEALTH CARE CODE INFORMATION | | | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300.HI08 can only be present if 2300.HI07 is present. | |
| X222.242.2300.HI08-1.010 | 07/01/2011 | | HI08-1 | Code List Qualifier | ID | 1-3 | R | | | BG | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.HI08-1 must be "BG". | |
| X222.242.2300.HI08-2.010 | 07/01/2011 | | HI08-2 | Condition Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 460: "NUBC Condition Code(s)" | 2300.HI08-2 must be a valid Condition code. | Valid NUBC Condition Code reference must be available for this edit. |
| X222.242.2300.HI08-3.010 | 07/01/2011 | | HI08-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI08-4.010 | 07/01/2011 | | HI08-4 | Date Time Period | AN | 1-35 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI08-5.010 | 07/01/2011 | | HI08-5 | Monetary Amount | R | 1-18 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI08-6.010 | 07/01/2011 | | HI08-6 | Quantity | R | 1-15 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI08-7.010 | 07/01/2011 | | HI08-7 | Version Identifier | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI08-8.010 | 07/01/2011 | | HI08-8 | Industry code | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI08-9.010 | 07/01/2011 | | HI08-9 | Yes/No Condition or response Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI09.010 | 07/01/2011 | | HI09 | HEALTH CARE CODE INFORMATION | | | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300.HI09 can only be present if 2300.HI08 is present. | |
| X222.242.2300.HI09-1.010 | 07/01/2011 | | HI09-1 | Code List Qualifier | ID | 1-3 | R | | | BG | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.HI09-1 must be "BG". | |
| X222.242.2300.HI09-2.010 | 07/01/2011 | | HI09-2 | Condition Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 460: "NUBC Condition Code(s)" | 2300.HI09-2 must be a valid Condition code. | Valid NUBC Condition Code reference must be available for this edit. |
| X222.242.2300.HI09-3.010 | 07/01/2011 | | HI09-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI09-4.010 | 07/01/2011 | | HI09-4 | Date Time Period | AN | 1-35 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI09-5.010 | 07/01/2011 | | HI09-5 | Monetary Amount | R | 1-18 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI09-6.010 | 07/01/2011 | | HI09-6 | Quantity | R | 1-15 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI09-7.010 | 07/01/2011 | | HI09-7 | Version Identifier | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI09-8.010 | 07/01/2011 | | HI09-8 | Industry code | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI09-9.010 | 07/01/2011 | | HI09-9 | Yes/No Condition or response Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI10.010 | 07/01/2011 | | HI10 | HEALTH CARE CODE INFORMATION | | | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300.HI10 can only be present if 2300.HI09 is present. | |
| X222.242.2300.HI10-1.010 | 07/01/2011 | | HI10-1 | Code List Qualifier | ID | 1-3 | R | | | BG | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.HI10-1 must be "BG". | |
| X222.242.2300.HI10-2.010 | 07/01/2011 | | HI10-2 | Condition Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 460: "NUBC Condition Code(s)" | 2300.HI10-2 must be a valid Condition code. | Valid NUBC Condition Code reference must be available for this edit. |
| X222.242.2300.HI10-3.010 | 07/01/2011 | | HI10-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI10-6.010 | 07/01/2011 | | HI10-6 | Quantity | R | 1-15 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI10-7.010 | 07/01/2011 | | HI10-7 | Version Identifier | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI10-8.010 | 07/01/2011 | | HI10-8 | Industry code | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI10-9.010 | 07/01/2011 | | HI10-9 | Yes/No Condition or response Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI11.010 | 07/01/2011 | | HI11 | HEALTH CARE CODE INFORMATION | | | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300.HI11 can only be present if 2300.HI10 is present. | |
| X222.242.2300.HI11-1.010 | 07/01/2011 | | HI11-1 | Code List Qualifier | ID | 1-3 | R | | | BG | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.HI11-1 must be "BG". | |
| X222.242.2300.HI11-2.010 | 07/01/2011 | | HI11-2 | Condition Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 460: "NUBC Condition Code(s)" | 2300.HI11-2 must be a valid Condition code. | Valid NUBC Condition Code reference must be available for this edit. |
| X222.242.2300.HI11-3.010 | 07/01/2011 | | HI11-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.242.2300.HI11-4.010 | 07/01/2011 | | HI11-4 | Date Time Period | AN | 1-35 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI11-5.010 | 07/01/2011 | | HI11-5 | Monetary Amount | R | 1-18 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI11-6.010 | 07/01/2011 | | HI11-6 | Quantity | R | 1-15 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI11-7.010 | 07/01/2011 | | HI11-7 | Version Identifier | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI11-8.010 | 07/01/2011 | | HI11-8 | Industry code | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI11-9.010 | 07/01/2011 | | HI11-9 | Yes/No Condition or response Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI12.010 | 07/01/2011 | | HI12 | HEALTH CARE CODE INFORMATION | | | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2300.HI12 can only be present if 2300.HI11 is present. | |
| X222.242.2300.HI12-1.010 | 07/01/2011 | | HI12-1 | Code List Qualifier | ID | 1-3 | R | | | BG | 999 | R | IK403 = 7: "Invalid Code Value" | 2300.HI12-1 must be "BG". | |
| X222.242.2300.HI12-2.010 | 07/01/2011 | | HI12-2 | Condition Code | AN | 1-30 | R | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 460: "NUBC Condition Code(s)" | 2300.HI12-2 must be a valid Condition code. | Valid NUBC Condition Code reference must be available for this edit. |
| X222.242.2300.HI12-3.010 | 07/01/2011 | | HI12-3 | Date Time Period Format Qualifier | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI12-4.010 | 07/01/2011 | | HI12-4 | Date Time Period | AN | 1-35 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI12-5.010 | 07/01/2011 | | HI12-5 | Monetary Amount | R | 1-18 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI12-6.010 | 07/01/2011 | | HI12-6 | Quantity | R | 1-15 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI12-7.010 | 07/01/2011 | | HI12-7 | Version Identifier | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI12-8.010 | 07/01/2011 | | HI12-8 | Industry code | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.242.2300.HI12-9.010 | 07/01/2011 | | HI12-9 | Yes/No Condition or response Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.252.2300.HCP.005 | 04/01/2012 | | HCP | CLAIM PRICING/REPRICING INFORMATION | | 1 | S | 2300 | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 64: "Re-pricing information." | Segment must not be present. | |
| X222.252.2300.HCP.010 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.252.2300.HCP01.010 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.252.2300.HCP01.020 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.252.2300.HCP02.010 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.252.2300.HCP02.020 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.252.2300.HCP02.030 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.252.2300.HCP03.010 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.252.2300.HCP03.020 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.252.2300.HCP04.010 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.252.2300.HCP04.020 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.252.2300.HCP04.030 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.252.2300.HCP04.040 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.252.2300.HCP04.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.252.2300.HCP05.010 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.252.2300.HCP05.020 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.252.2300.HCP06.010 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.252.2300.HCP06.020 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.252.2300.HCP06.030 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.252.2300.HCP06.040 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.252.2300.HCP06.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.252.2300.HCP07.010 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.252.2300.HCP07.020 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.252.2300.HCP08.010 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.252.2300.HCP09.010 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.252.2300.HCP10.010 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.252.2300.HCP11.010 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.252.2300.HCP12.010 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.252.2300.HCP13.010 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.252.2300.HCP14.010 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.252.2300.HCP15.010 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.257.2310A.NM1.010 | 07/01/2011 | | NM1 | REFERRING PROVIDER NAME Loop | | | | 2310A | 2 | | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Two iterations of this loop are allowed. | |
| X222.257.2310A.NM1.020 | 07/01/2011 | | NM1 | REFERRING PROVIDER NAME | | 1 | S | 2310A | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2310A.NM1 is allowed. | |
| X222.257.2310A.NM101.010 | 07/01/2011 Revised 01/06/2020 | | NM101 | Entity Identifier Code | ID | 2-3 | R | | | DN, P3 | 999 | R | IK304 = 2: "Unexpected segment" | 2310A.NM101 must be present and a valid value. | |
| X222.257.2310A.NM101.020 Edit deactivated | 07/01/2011 | 01/06/2020 | | | | | | | | | | | | | |
| X222.257.2310A.NM101.030 | 07/01/2011 | | NM101 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | For the first iteration of the referring provider loop, 2310A.NM101 must be "DN". | |
| X222.257.2310A.NM101.040 | 07/01/2011 | | NM101 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | For the second iteration of the referring provider loop, 2310A.NM101 must be "P3". | |
| X222.257.2310A.NM102.010 | 07/01/2011 | | NM102 | Entity Type Qualifier | ID | 1-1 | R | | | 1 | 999 | R | IK403 = 1: "Required Data Element Missing" | | |
| X222.257.2310A.NM102.020 | 07/01/2011 | | NM102 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2310A.NM102 must be "1". | |
| X222.257.2310A.NM103.010 | 07/01/2011 | | NM103 | Referring Provider Last Name | AN | 1-60 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310A.NM103 must be present. | |
| X222.257.2310A.NM103.020 | 07/01/2011 | | NM103 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310A.NM103 must contain at least one non-space character. | |
| X222.257.2310A.NM103.030 | 07/01/2011 | | NM103 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2310A.NM103 must be 1 - 60 characters. | |
| X222.257.2310A.NM103.040 | 07/01/2011 | | NM103 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 504: "Entity's Last Name" EIC: DN "Referring Provider" | | |
| X222.257.2310A.NM103.050 | 07/01/2011 | | NM103 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310A.NM103 must be populated with accepted AN characters. | |
| X222.257.2310A.NM103.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.257.2310A.NM104.010 | 07/01/2011 | | NM104 | Referring Provider First Name | AN | 1-35 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310A.NM104 must contain at least one non-space character. | |
| X222.257.2310A.NM104.020 | 07/01/2011 | | NM104 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2310A.NM104 must be 1 - 35 characters. | |
| X222.257.2310A.NM104.030 | 07/01/2011 | | NM104 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 505: "Entity's First Name" EIC: DN "Referring Provider" | | |
| X222.257.2310A.NM104.040 | 07/01/2011 | | NM104 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310A.NM104 must be populated with accepted AN characters. | |
| X222.257.2310A.NM104.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.257.2310A.NM105.010 | 07/01/2011 | | NM105 | Referring Provider Middle Name | AN | 1-25 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310A.NM105 must contain at least one non-space character. | |
| X222.257.2310A.NM105.020 | 07/01/2011 | | NM105 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2310A.NM105 must be 1 - 25 characters. | |
| X222.257.2310A.NM105.030 | 07/01/2011 | | NM105 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 514: "Entity's Middle Name" EIC: DN "Referring Provider" | | |
| X222.257.2310A.NM105.040 | 07/01/2011 | | NM105 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310A.NM105 must be populated with accepted AN characters. | |
| X222.257.2310A.NM105.045 | 04/01/2013 | | NM105 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 514: "Entity's Middle Name" EIC: DN "Referring Provider" | The first position of 2310A.NM105 must be alphabetic (A…Z). | To prevent continued processing and later rejection of claims (CWF) having an incorrect character in this position, such as a paren. |
| X222.257.2310A.NM105.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.257.2310A.NM106.010 | 07/01/2011 | | NM106 | Name Prefix | AN | 1-10 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.257.2310A.NM107.010 | 07/01/2011 | | NM107 | Referring Provider Name Suffix | AN | 1-10 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310A.NM107 must contain at least one non-space character. | |
| X222.257.2310A.NM107.020 | 07/01/2011 | | NM107 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2310A.NM107 must be 1 - 10 characters. | |
| X222.257.2310A.NM107.030 | 07/01/2011 | | NM107 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 125: "Entity's Name" EIC: DN "Referring Provider" | | |
| X222.257.2310A.NM107.040 | 07/01/2011 | | NM107 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310A.NM107 must be populated with accepted AN characters. | |
| X222.257.2310A.NM107.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.257.2310A.NM108.010 | 07/01/2011 | | NM108 | Identification Code Qualifier | ID | 1-2 | S | | | XX | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error." CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: DN "Referring Provider" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims. 01/20: Companion Guide Note needed. |
| X222.257.2310A.NM108.020 | 07/01/2011 | | NM108 | | | | | | | | 277 | C | CSCC A6: "Acknowledgement/Rejected for Missing Information…" CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: DN "Referring Provider" | 2310A.NM108 must be present. | Everyone but Trailblazer or JH (Texas); as appropriate for current MAC contract for VA MRA Project claims.) 01/20: Companion Guide Note needed. |
| X222.257.2310A.NM108.030 | 07/01/2011 | | NM108 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2310A.NM108 must be "XX". | Does not apply to TrailBlazer or JH (Texas); as appropriate for current MAC contract for VA MRA Project claims). |
| X222.257.2310A.NM109.010 | 07/01/2011 | | NM109 | Referring Provider Identifier | AN | 2-80 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2310A.NM109 must be present if 2310A.NM108 is present. | |
| X222.257.2310A.NM109.020 | 07/01/2011 | | NM109 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: DN "Referring Provider" | 2310A.NM109 must be valid according to the NPI algorithm. | |
| X222.257.2310A.NM109.030 | 07/01/2011 | | NM109 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: DN "Referring Provider" | The first position of 2310A.NM109 must be a "1". | |
| X222.257.2310A.NM109.040 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.257.2310A.NM110.010 | 07/01/2011 | | NM110 | Entity Relationship Code | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.257.2310A.NM111.010 | 07/01/2011 | | NM111 | Entity Identifier Code | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.257.2310A.NM112.010 | 07/01/2011 | | NM112 | Name Last or Organization Name | AN | 1-60 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.260.2310A.REF.010 | 07/01/2011 | | REF | **REFERRING PROVIDER SECONDARY IDENTIFICATION** | | 3 | S | 2310A | | | 999 | R | IK304 = I9: "Implementation Dependent "Not Used" Segment Present" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims. 01/20: Companion Guide Note needed. |
| X222.260.2310A.REF.020 | 07/01/2011 | | REF | | | | | | | | 277 | C | **CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: DN "Referring Provider"** | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims. 01/20: Companion Guide Note needed. |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.260.2310A.REF.030 | 07/01/2011 | | REF | | | | | | | | 999 | R | IK304 = I9: "Implementation Dependent "Not Used" Segment Present" | 2310A.REF must not be present. | Everyone but Trailblazer or JH Texas; as appropriate for current MAC contract for VA MRA Project claims). 01/20: Companion Guide Note needed. |
| X222.260.2310A.REF01.010 | 07/01/2011 | | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | 0B, 1G, G2 | 999 | R | IK403 = 1: "Required Data Element Missing" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims). 01/20: Companion Guide Note needed. |
| X222.260.2310A.REF01.020 | 07/01/2011 | | REF01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims.) 01/20: Companion Guide Note needed. |
| X222.260.2310A.REF02.010 | 07/01/2011 | | REF02 | Referring Provider Secondary Identifier | AN | 1-50 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims). 01/20: Companion Guide Note needed. |
| X222.260.2310A.REF02.020 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims). 01/20: Companion Guide Note needed. |
| X222.260.2310A.REF02.030 | 07/01/2011 | | REF02 | | | | | | | | 277 | T | CSCC A8: "Acknowledgement/Rejected for relational field in error." CSC 560: "Entity's Additional/Secondary Identifier" CSC 133: "Entity's UPIN" EIC: DN "Referring Provider" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims). 01/20: Companion Guide Note needed. |
| X222.260.2310A.REF02.040 | 07/01/2011 | | REF02 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims). 01/20: Companion Guide Note needed. |
| X222.260.2310A.REF02.050 | 07/01/2011 | | REF02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 133: "Entity's UPIN" EIC: DN "Referring Provider" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims). 01/20: Companion Guide Note needed. |
| X222.260.2310A.REF02.060 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims). 01/20: Companion Guide Note needed. |
| X222.260.2310A.REF02.070 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.260.2310A.REF03.010 | 07/01/2011 | | REF03 | Description | AN | 1-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.260.2310A.REF04.010 | 07/01/2011 | | REF04 | REFERENCE IDENTIFIER | | | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.262.2310B.NM1.010 | 07/01/2011 | | NM1 | RENDERING PROVIDER NAME | | 1 | S | 2310B | 1 | | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only one iteration of 2310B.NM1 is allowed. | |
| X222.262.2310B.NM101.010 | 07/01/2011 Revised 01/06/2020 | | NM101 | Entity Identifier Code | ID | 2-3 | R | | | 82 | 999 | R | IK304 = 2: "Unexpected segment" | 2310B.NM101 must be present and a valid value. | |
| X222.262.2310B.NM101.020 Edit Deactivated | 07/01/2011 | 01/06/2020 | | | | | | | | | | | | | |
| X222.262.2310B.NM102.010 | 07/01/2011 Revised 01/06/2020 | | NM102 | Entity Type Qualifier | ID | 1-1 | R | | | 1, 2 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310B.NM102 must be present. | |
| X222.262.2310B.NM102.020 | 07/01/2011 | | NM102 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2310B.NM102 must be valid values. | |
| X222.262.2310B.NM103.010 | 07/01/2011 | | NM103 | Rendering Provider Last or Organization Name | AN | 1-60 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310B.NM103 must be present. | |
| X222.262.2310B.NM103.020 | 07/01/2011 | | NM103 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310B.NM103 must contain at least one non-space character. | |
| X222.262.2310B.NM103.030 | 07/01/2011 | | NM103 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2310B.NM103 must be 1 - 60 characters. | |
| X222.262.2310B.NM103.040 | 07/01/2011 | | NM103 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 504: "Entity's Last Name" EIC: 82 "Rendering Provider" | | |
| X222.262.2310B.NM103.050 | 07/01/2011 | | NM103 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310B.NM103 must be populated with accepted AN characters. | |
| X222.262.2310B.NM103.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.262.2310B.NM104.010 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.262.2310B.NM104.015 | 10/03/2011 | | NM104 | Rendering Provider First Name | AN | 1-35 | S | | | | 999 | R | IK403 = I13: "Implementation "Not Used" Data Element Present" | If 2310B.NM102 is "2", 2310B.NM104 must not be present. | |
| X222.262.2310B.NM104.020 | 07/01/2011 | | NM104 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310B.NM104 must contain at least one non-space character. | |
| X222.262.2310B.NM104.030 | 07/01/2011 | | NM104 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2310B.NM104 must be 1 - 35 characters. | |
| X222.262.2310B.NM104.040 | 07/01/2011 | | NM104 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 505: "Entity's First Name" EIC: 82 "Rendering Provider" | | |
| X222.262.2310B.NM104.050 | 07/01/2011 | | NM104 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310B.NM104 must be populated with accepted AN characters. | |
| X222.262.2310B.NM104.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.262.2310B.NM105.010 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.262.2310B.NM105.015 | 10/03/2011 | | NM105 | Rendering Provider Middle Name | AN | 1-25 | S | | | | 999 | R | IK403 = I13: "Implementation Dependent 'Not Used' Data Element Present" | If 2310B.NM102 is "2", 2310B.NM105 must not be present. | |
| X222.262.2310B.NM105.020 | 07/01/2011 | | NM105 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310B.NM105 must contain at least one non-space character. | |
| X222.262.2310B.NM105.030 | 07/01/2011 | | NM105 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2310B.NM105 must be 1 - 25 characters. | |
| X222.262.2310B.NM105.040 | 07/01/2011 | | NM105 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 514: "Entity's Middle Name" EIC: 82 "Rendering Provider" | | |
| X222.262.2310B.NM105.050 | 07/01/2011 | | NM105 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310B.NM105 must be populated with accepted AN characters. | |
| X222.262.2310B.NM105.055 | 04/01/2013 | | NM105 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 514: "Entity's Middle Name" EIC: 82 "Rendering Provider" | The first position of 2310B.NM105 must be alphabetic (A…Z). | To prevent continued processing and later rejection of claims (CWF) having an incorrect character in this position, such as a paren. |
| X222.262.2310B.NM105.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.262.2310B.NM106.010 | 07/01/2011 | | NM106 | Name Prefix | AN | 1-10 | N/U | | | | 999 | E | IK403 = I10: "Implementation 'Not Used' Element Present" | Must not be present. | |
| X222.262.2310B.NM107.010 | 07/01/2011 | | NM107 | Rendering Provider Name Suffix | AN | 1-10 | S | | | | 999 | R | IK403 = I13: "Implementation Dependent 'Not Used' Data Element Present" | If 2310B.NM102 is "2", 2310B.NM107 must not be present. | |
| X222.262.2310B.NM107.020 | 07/01/2011 | | NM107 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310B.NM107 must contain at least one non-space character. | |
| X222.262.2310B.NM107.030 | 07/01/2011 | | NM107 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | If 2310B.NM107 must be 1 - 10 characters. | |
| X222.262.2310B.NM107.040 | 07/01/2011 | | NM107 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 125: "Entity's Name" EIC: 82 "Rendering Provider" | | |
| X222.262.2310B.NM107.050 | 07/01/2011 | | NM107 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310B.NM107 must be populated with accepted AN characters. | |
| X222.262.2310B.NM107.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.262.2310B.NM108.010 | 07/01/2011 | | NM108 | Identification Code Qualifier | ID | 1-2 | S | | | XX | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error." CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: 82 "Rendering Provider" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims). 01/20: Companion Guide Note needed. |
| X222.262.2310B.NM108.020 | 07/01/2011 | | NM108 | | | | | | | | 277 | C | CSCC A6: "Acknowledgement/Rejected for Missing Information…" CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: 82 "Rendering Provider" | 2310B.NM108 must be present. | Everyone except Trailblazer or JH (Texas), as appropriate for current MAC contract for VA MRA Project claims. 01/20: Companion Guide Note needed. |
| X222.262.2310B.NM108.030 | 07/01/2011 | | NM108 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2310B.NM108 must be "XX". | Valid NPI Crosswalk must be available for this edit. Does not apply to TrailBlazer or JH (Texas), as appropriate for current MAC contract for VA MRA Project claims. |
| X222.262.2310B.NM109.010 | 07/01/2011 | | NM109 | Rendering Provider Identifier | AN | 2-80 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2310B.NM109 must be present if 2310B.NM108 is present. | |
| X222.262.2310B.NM109.020 | 07/01/2011 | | NM109 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: 82 "Rendering Provider" | 2310B.NM109 must be valid according to the NPI algorithm. | |
| X222.262.2310B.NM109.030 | 07/01/2011 | | NM109 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: 82 "Rendering Provider" | 2310B.NM109 must be a valid NPI on the Crosswalk when evaluated with 1000B.NM109. | Valid NPI Crosswalk must be available for this edit. This edit does not apply for VA DMEPOS eMRA claims. |
| X222.262.2310B.NM109.040 | 07/01/2011 | | NM109 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: 82 "Rendering Provider" | The first position of 2310B.NM109 must be a "1". | |
| X222.262.2310B.NM110.010 | 07/01/2011 | | NM110 | Entity Relationship Code | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation 'Not Used' Element Present" | Must not be present. | |
| X222.262.2310B.NM111.010 | 07/01/2011 | | NM111 | Entity Identifier Code | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation 'Not Used' Element Present" | Must not be present. | |
| X222.262.2310B.NM112.010 | 07/01/2011 | | NM112 | Name Last or Organization Name | AN | 1-60 | N/U | | | | 999 | E | IK403 = I10: "Implementation 'Not Used' Element Present" | Must not be present. | |
| X222.265.2310B.PRV.010 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.265.2310B.PRV.020 | 07/01/2011 | | PRV | RENDERING PROVIDER SPECIALTY INFORMATION | | 1 | S | 2310B | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2310B.PRV with PRV01 = "PE" is allowed. | |
| X222.265.2310B.PRV01.010 | 07/01/2011 | | PRV01 | Provider Code | ID | 1-3 | R | | | PE | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310B.PRV01 must be present. | |
| X222.265.2310B.PRV01.020 | 07/01/2011 | | PRV01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2310B.PRV01 must be "PE". | |
| X222.265.2310B.PRV02.010 | 07/01/2011 | | PRV02 | Reference Identification Qualifier | ID | 2-3 | R | | | PXC | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310B.PRV02 must be present. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.265.2310B.PRV02.020 | 07/01/2011 | | PRV02 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2310B.PRV02 must be "PXC". | |
| X222.265.2310B.PRV03.010 | 07/01/2011 | | PRV03 | Provider Taxonomy Code | AN | 1-50 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310B.PRV03 must be present. | |
| X222.265.2310B.PRV03.020 | 07/01/2011 | | PRV03 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 145: "Entity's specialty/taxonomy code" EIC: 82 "Rendering Provider" | 2310B.PRV03 must be a valid Provider Taxonomy Code | Valid Taxonomy reference must be available for this edit. |
| X222.265.2310B.PRV04.010 | 07/01/2011 | | PRV04 | State or Province Code | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.265.2310B.PRV05.010 | 07/01/2011 | | PRV05 | PROVIDER SPECIALTY INFORMATION | | | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.265.2310B.PRV06.010 | 07/01/2011 | | PRV06 | Provider Organization Code | ID | 3-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.267.2310B.REF.010 | 07/01/2011 | | REF | RENDERING PROVIDER SECONDARY IDENTIFICATION | | 4 | S | 2310B | | | 999 | R | IK304 = I9: "Implementation Dependent "Not Used" Segment Present" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims. 01/20: Companion Guide Note needed. |
| X222.267.2310B.REF.020 | 07/01/2011 | | REF | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: 82 "Rendering Provider" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims. 01/20: Companion Guide Note needed. |
| X222.267.2310B.REF.030 | 07/01/2011 | | REF | | | | | | | | 999 | R | IK304 = I9: "Implementation Dependent "Not Used" Segment Present" | 2310B.REF must not be present. | Everyone but Trailblazer or JH (Texas; as appropriate for current MAC contract for VA MRA Project claims). 01/20: Companion Guide Note needed. |
| X222.267.2310B.REF01.010 | 07/01/2011 | | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | 0B, 1G, G2, LU | 999 | R | IK403 = 1: "Required Data Element Missing" | | |
| X222.267.2310B.REF01.020 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.267.2310B.REF01.025 | 07/01/2011 | | REF01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | | |
| X222.267.2310B.REF02.010 | 07/01/2011 | | REF02 | Rendering Provider Secondary Identifier | AN | 1-50 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | | |
| X222.267.2310B.REF02.020 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | | |
| X222.267.2310B.REF02.030 | 07/01/2011 | | REF02 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 133: "Entity's UPIN" CSC 560: "EIC: EIC: 82 "Rendering Provider" | | |
| X222.267.2310B.REF02.040 | 07/01/2011 | | REF02 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | | |
| X222.267.2310B.REF02.050 | 07/01/2011 | | REF02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 133: "Entity's UPIN" EIC: 82 "Rendering Provider" | | |
| X222.267.2310B.REF02.060 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | | |
| X222.267.2310B.REF02.070 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.267.2310B.REF03.010 | 07/01/2011 | | REF03 | Description | AN | 1-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.267.2310B.REF04.010 | 07/01/2011 | | REF04 | REFERENCE IDENTIFIER | | | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.269.2310C.NM1.010 | 07/01/2011 | | NM1 | SERVICE FACILITY LOCATION NAME | | 1 | S | 2310C | 1 | | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only one iteration of 2310C.NM1 is allowed. | |
| X222.269.2310C.NM101.010 | 07/01/2011 Revised 01/06/2020 | | NM101 | Entity Identifier Code | ID | 2-3 | R | | | 77 | 999 | R | IK304 = 2: "Unexpected segment" | 2310C.NM101 must be present and a valid value. | |
| X222.269.2310C.NM101.020 Edit Deactivated | 07/01/2011 | 01/06/2020 | | | | | | | | | | | | | |
| X222.269.2310C.NM102.010 | 07/01/2011 | | NM102 | Entity Type Qualifier | ID | 1-1 | R | | | 2 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310C.NM102 must be present. | |
| X222.269.2310C.NM102.020 | 07/01/2011 | | NM102 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2310C.NM102 must be "2". | |
| X222.269.2310C.NM103.010 | 07/01/2011 | | NM103 | Laboratory or Facility Name | AN | 1-60 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310C.NM103 must be present. | |
| X222.269.2310C.NM103.020 | 07/01/2011 | | NM103 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310C.NM103 must contain at least one non-space character. | |
| X222.269.2310C.NM103.030 | 07/01/2011 | | NM103 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2310C.NM103 must be 1 - 60 characters. | |
| X222.269.2310C.NM103.040 | 07/01/2011 | | NM103 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 504: "Entity's Last Name" EIC: 77 "Service Location" | | |
| X222.269.2310C.NM103.050 | 07/01/2011 | | NM103 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310C.NM103 must be populated with accepted AN characters. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.269.2310C.NM103.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.269.2310C.NM104.010 | 07/01/2011 | | NM104 | Name First | AN | 1-35 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.269.2310C.NM105.010 | 07/01/2011 | | NM105 | Name Middle | AN | 1-25 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.269.2310C.NM106.010 | 07/01/2011 | | NM106 | Name Prefix | AN | 1-10 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.269.2310C.NM107.010 | 07/01/2011 | | NM107 | Name Suffix | AN | 1-10 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.269.2310C.NM108.010 | 07/01/2011 | | NM108 | Identification Code Qualifier | ID | 1-2 | S | | | XX | 999 | R | IK403 = 7: "Invalid Code Value" | 2310C.NM108 must be "XX". | Does not apply to TrailBlazer or JH (Texas) as appropriate for current MAC contract for VA MRA Project claims. |
| X222.269.2310C.NM109.010 | 07/01/2011 | | NM109 | Laboratory or Facility Primary Identifier | AN | 2-80 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2310C.NM108 is present, 2310C.NM109 must be present. | |
| X222.269.2310C.NM109.020 | 07/01/2011 | | NM109 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: 77 "Service Location" | 2310C.NM109 must be valid according to the NPI algorithm. | |
| X222.269.2310C.NM109.030 | 07/01/2011 | | NM109 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: 77 "Service Location" | The first position of 2310C.NM109 must be a "1". | |
| X222.269.2310C.NM110.010 | 07/01/2011 | | NM110 | Entity Relationship Code | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.269.2310C.NM111.010 | 07/01/2011 | | NM111 | Entity Identifier Code | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.269.2310C.NM112.010 | 07/01/2011 | | NM112 | Name Last or Organization Name | AN | 1-60 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.272.2310C.N3.010 | 07/01/2011 | | N3 | SERVICE FACILITY LOCATION ADDRESS | | 1 | R | 2310C | | | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | If 2310C.NM1 is present, 2310C.N3 must be present. | |
| X222.272.2310C.N3.020 | 07/01/2011 | | N3 | | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2310C.N3 is allowed. | |
| X222.272.2310C.N301.010 | 07/01/2011 | | N301 | Laboratory or Facility Address Line | AN | 1-55 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310C.N301 must be present. | |
| X222.272.2310C.N301.020 | 07/01/2011 | | N301 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310C.N301 must contain at least one non-space character. | |
| X222.272.2310C.N301.030 | 07/01/2011 | | N301 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2310C.N301 must be 1 - 55 characters. | |
| X222.272.2310C.N301.040 | 07/01/2011 | | N301 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 503: "Entity's Street address" EIC: 77 "Service Location" | | |
| X222.272.2310C.N301.050 | 07/01/2011 | | N301 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310C.N301 must be populated with accepted AN characters. | |
| X222.272.2310C.N301.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.272.2310C.N302.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.272.2310C.N302.020 | 07/01/2011 | | N302 | Laboratory or Facility Address Line | AN | 1-55 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310C.N302 must contain at least one non-space character. | |
| X222.272.2310C.N302.030 | 07/01/2011 | | N302 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2310C.N302 must be 1 - 55 characters. | |
| X222.272.2310C.N302.040 | 07/01/2011 | | N302 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 503: "Entity's Street address" EIC: 77 "Service Location" | | |
| X222.272.2310C.N302.050 | 07/01/2011 | | N302 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310C.N302 must be populated with accepted AN characters. | |
| X222.272.2310C.N302.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.273.2310C.N4.010 | 07/01/2011 | | N4 | SERVICE FACILITY LOCATION CITY/STATE/ZIP | | 1 | R | 2310C | | | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | If 2310C.NM1 is present, 2310C.N4 must be present. | |
| X222.273.2310C.N4.020 | 07/01/2011 | | N4 | | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2310C.N4 is allowed. | |
| X222.273.2310C.N401.010 | 07/01/2011 | | N401 | Laboratory or Facility City Name | AN | 2-30 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310C.N401 must be present. | |
| X222.273.2310C.N401.020 | 07/01/2011 | | N401 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310C.N401 must contain at least two non-space characters. | |
| X222.273.2310C.N401.030 | 07/01/2011 | | N401 | | | | | | | | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" | 2310C.N401 must be 2-30 characters. | |
| X222.273.2310C.N401.040 | 07/01/2011 | | N401 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 502: "Entity's City" EIC: 77 "Service Location" | | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.273.2310C.N401.050 | 07/01/2011 | | N401 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310C.N401 must be populated with accepted AN characters. | |
| X222.273.2310C.N401.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.273.2310C.N402.010 | 07/01/2011 | | N402 | Laboratory or Facility State or Province Code | ID | 2-2 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2310C.N404 is not present, 2310C.N402 must be present. | |
| X222.273.2310C.N402.020 | 07/01/2011 | | N402 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 501: "Entity's State/Province" EIC: 77 "Service Location" | 2310C.N402 must be a valid State Code. | Valid State Code reference must be available for this edit. |
| X222.273.2310C.N403.010 | 07/01/2011 | | N403 | Laboratory or Facility Postal Zone ZIP Code | ID | 3-15 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2310C.N404 is not present, 2310C.N403 must be present. | |
| X222.273.2310C.N403.020 | 07/01/2011 | | N403 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 500: "Entity's Postal/Zip Code" EIC: 77 "Service Location" | 2310C.N403 must be a valid 9 digit Zip Code. | Valid Zip Code reference must be available for this edit. |
| X222.273.2310C.N404.010 | 07/01/2011 | | N404 | Laboratory or Facility Country Code | ID | 2-3 | S | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.273.2310C.N405.010 | 07/01/2011 | | N405 | Location Qualifier | ID | 1-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.273.2310C.N406.010 | 07/01/2011 | | N406 | Location Identifier | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.273.2310C.N407.005 | 07/01/2011 | | N407 | Country Subdivision Code | ID | 1-3 | S | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.273.2310C.N407.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.275.2310C.REF.010 | 07/01/2011 | | REF | SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION | | 3 | S | 2310C | | | 277 | T | **CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: 77 "Service Location"** | **2310C.REF must not be present.** | 01/06: This REF (2310C and 2420C) not accepted by Medicare. 01/20: Companion Guide Note needed. |
| X222.277.2310C.PER.010 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.277.2310C.PER.020 | 07/01/2011 | | PER | SERVICE FACILITY CONTACT INFORMATION | | 1 | S | 2310C | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2310C.PER is allowed. | |
| X222.277.2310C.PER01.010 | 07/01/2011 | | PER01 | Contact Function Code | ID | 2-2 | R | | | IC | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310C.PER01 must be present. | |
| X222.277.2310C.PER01.020 | 07/01/2011 | | PER01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2310C.PER01 must be "IC". | |
| X222.277.2310C.PER02.010 | 07/01/2011 | | PER02 | Submitter Contact Name | AN | 1-60 | S | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2310C.PER02 must be 1 - 60 characters. | |
| X222.277.2310C.PER02.020 | 07/01/2011 | | PER02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 561: "Entity's Contact Name" EIC: 77 "Service Location" | | |
| X222.277.2310C.PER03.010 | 07/01/2011 | | PER03 | Communication Number Qualifier | ID | 2-2 | R | | | TE | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310C.PER03 must be present. | |
| X222.277.2310C.PER03.020 | 07/01/2011 | | PER03 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2310C.PER03 must be "TE". | |
| X222.277.2310C.PER04.010 | 07/01/2011 | | PER04 | Communication Number | AN | 1-256 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310C.PER04 must be present. | |
| X222.277.2310C.PER04.020 | 07/01/2011 | | PER04 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310C.PER04 must contain at least one non-space character. | |
| X222.277.2310C.PER04.030 Edit Deactivated | 07/01/2011 | 01/01/2013 | | | | | | | | | | | | | |
| X222.277.2310C.PER04.040 Edit Deactivated | 07/01/2011 | 01/01/2013 | | | | | | | | | | | | | |
| X222.277.2310C.PER04.050 | 07/01/2011 | | PER04 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310C.PER04 must be populated with accepted AN characters. | |
| X222.277.2310C.PER04.060 | 01/01/2013 | | PER04 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 127: "Entity's Communication Number" EIC: 77 "Service Location" | 2310C.PER04 must be populated with exactly ten numeric characters. | |
| X222.277.2310C.PER04.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.277.2310C.PER05.010 | 07/01/2011 | | PER05 | Communication Number Qualifier | ID | 2-2 | S | | | EX | 999 | R | IK403 = 7: "Invalid Code Value" | 2310C.PER05 must be "EX". | |
| X222.277.2310C.PER05.020 Edit Deactivated | 07/01/2011 | 01/01/2013 | | | | | | | | | | | | | |
| X222.277.2310C.PER06.010 | 07/01/2011 | | PER06 | Communication Number | AN | 1-256 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2310C.PER05 is present, 2310C.PER06 must be present. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.277.2310C.PER06.020 | 07/01/2011 | | PER06 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310C.PER06 must contain at least one non-space character. | |
| X222.277.2310C.PER06.030 | 07/01/2011 | | PER06 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2310C.PER06 must be 1 - 256 characters. | |
| X222.277.2310C.PER06.040 | 07/01/2011 | | PER06 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 127: "Entity's Communication Number" EIC: 77 "Service Location" | | |
| X222.277.2310C.PER06.050 | 07/01/2011 | | PER06 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310C.PER06 must be populated with accepted AN characters. | |
| X222.277.2310C.PER06.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.277.2310C.PER07.010 | 07/01/2011 | | PER07 | Communication Number Qualifier | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.277.2310C.PER08.010 | 07/01/2011 | | PER08 | Communication Number | AN | 1-256 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.277.2310C.PER09.010 | 07/01/2011 | | PER09 | Contact Inquiry Reference | AN | 1-20 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.280.2310D.NM1.010 | 07/01/2011 | | NM1 | SUPERVISING PROVIDER NAME | | 1 | S | 2310D | 1 | | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only one iteration 2310D.NM1 is allowed. | |
| X222.280.2310D.NM101.010 | 07/01/2011 Revised 01/06/2020 | | NM101 | Entity Identifier Code | ID | 2-3 | R | | | DQ | 999 | R | IK304 = 2: "Unexpected Segment" | 2310D.NM101 must be present and a valid value. | |
| X222.280.2310D.NM101.020 Edit Deactivated | 07/01/2011 | 01/06/2020 | | | | | | | | | | | | | |
| X222.280.2310D.NM102.010 | 07/01/2011 | | NM102 | Entity Type Qualifier | ID | 1-1 | R | | | 1 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310D.NM102 must be present. | |
| X222.280.2310D.NM102.020 | 07/01/2011 | | NM102 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2310D.NM102 must be "1". | |
| X222.280.2310D.NM103.010 | 07/01/2011 | | NM103 | Supervising Provider Last Name | AN | 1-60 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310D.NM103 must be present. | |
| X222.280.2310D.NM103.020 | 07/01/2011 | | NM103 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310D.NM103 must contain at least one non-space character. | |
| X222.280.2310D.NM103.030 | 07/01/2011 | | NM103 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2310D.NM103 must be 1 - 60 characters. | |
| X222.280.2310D.NM103.040 | 07/01/2011 | | NM103 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 504: "Entity's Last Name" EIC: DQ "Supervising Physician" | | |
| X222.280.2310D.NM103.050 | 07/01/2011 | | NM103 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310D.NM103 must be populated with accepted AN characters. | |
| X222.280.2310D.NM103.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.280.2310D.NM104.010 | 07/01/2011 | | NM104 | Supervising Provider First Name | AN | 1-35 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310D.NM104 must contain at least one non-space character. | |
| X222.280.2310D.NM104.020 | 07/01/2011 | | NM104 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2310D.NM104 must be 1 - 35 characters. | |
| X222.280.2310D.NM104.030 | 07/01/2011 | | NM104 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 505: "Entity's First Name" EIC: DQ "Supervising Physician" | | |
| X222.280.2310D.NM104.040 | 07/01/2011 | | NM104 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310D.NM104 must be populated with accepted AN characters. | |
| X222.280.2310D.NM104.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.280.2310D.NM105.010 | 07/01/2011 | | NM105 | Supervising Provider Middle Name | AN | 1-25 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310D.NM105 must contain at least one non-space character. | |
| X222.280.2310D.NM105.020 | 07/01/2011 | | NM105 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2310D.NM105 must be 1 - 25 characters. | |
| X222.280.2310D.NM105.030 | 07/01/2011 | | NM105 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 514: "Entity's Middle Name" EIC: DQ "Supervising Physician" | | |
| X222.280.2310D.NM105.040 | 07/01/2011 | | NM105 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310D.NM105 must be populated with accepted AN characters. | |
| X222.280.2310D.NM105.045 | 04/01/2013 | | NM105 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 514: "Entity's Middle Name" EIC: DQ "Supervising Physician" | The first position of 2310D.NM105 must be alphabetic (A…Z). | To prevent continued processing and later rejection of claims (CWF) having an incorrect character in this position, such as a paren. |
| X222.280.2310D.NM105.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.280.2310D.NM106.010 | 07/01/2011 | | NM106 | Name Prefix | AN | 1-10 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.280.2310D.NM107.010 | 07/01/2011 | | NM107 | Supervising Provider Name Suffix | AN | 1-10 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310D.NM107 must contain at least one non-space character. | |
| X222.280.2310D.NM107.020 | 07/01/2011 | | NM107 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2310D.NM107 must be 1 - 10 characters. | |
| X222.280.2310D.NM107.030 | 07/01/2011 | | NM107 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 125: "Entity's Name" EIC: DQ "Supervising Physician" | | |
| X222.280.2310D.NM107.040 | 07/01/2011 | | NM107 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310D.NM107 must be populated with accepted AN characters. | |
| X222.280.2310D.NM107.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.280.2310D.NM108.010 | 07/01/2011 | | NM108 | Identification Code Qualifier | ID | 1-2 | S | | | XX | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error." CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: DQ "Supervising Physician" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims. 01/20: Companion Guide Note needed. |
| X222.280.2310D.NM108.020 | 07/01/2011 | | NM108 | | | | | | | | 277 | C | CSCC A6: "Acknowledgement/Rejected for Missing Information…" CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: DQ "Supervising Physician" | 2310D.NM108 must be present. | Everyone but Trailblazer or JH (Texas); as appropriate for current MAC contract for VA MRA Project claims. 01/20: Companion Guide Note needed. |
| X222.280.2310D.NM108.030 | 07/01/2011 | | NM108 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2310D.NM108 must be "XX". | Does not apply to TrailBlazer or JH (Texas), as appropriate for current MAC contract for VA MRA Project claims. 01/20: Companion Guide Note needed. |
| X222.280.2310D.NM109.010 | 07/01/2011 | | NM109 | Supervising Provider Identifier | AN | 2-80 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2310D.NM108 is present, 2310D.NM109 must be present. | |
| X222.280.2310D.NM109.020 | 07/01/2011 | | NM109 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: DQ "Supervising Physician" | 2310D.NM109 must be valid according to the NPI algorithm. | |
| X222.280.2310D.NM109.030 | 07/01/2011 | | NM109 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: DQ "Supervising Physician" | The first position of 2310D.NM109 must be a "1". | |
| X222.280.2310D.NM110.010 | 07/01/2011 | | NM110 | Entity Relationship Code | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.280.2310D.NM111.010 | 07/01/2011 | | NM111 | Entity Identifier Code | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.280.2310D.NM112.010 | 07/01/2011 | | NM112 | Name Last or Organization Name | AN | 1-60 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.283.2310D.REF.010 | 07/01/2011 | | REF | SUPERVISING PROVIDER SECONDARY IDENTIFIER | | 4 | S | 2310D | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | | Trailblazer or JH (Texas), as appropriate for current MAC contract for VA MRA Project claims. 01/20: Companion Guide Note needed. |
| X222.283.2310D.REF.015 | 07/01/2011 | | REF | | | | | | | | 999 | R | IK304 = I9: "Implementation Dependent "Not Used" Segment Present" | 2310D.REF must not be present. | Everyone but Trailblazer or JH (Texas); as appropriate for current MAC contract for VA MRA Project claims. 01/20: Companion Guide Note needed. |
| X222.283.2310D.REF01.010 | 07/01/2011 | | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | 0B, 1G, G2, LU | 999 | R | IK403 = 1: "Required Data Element Missing" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims. 01/20: Companion Guide Note needed. |
| X222.283.2310D.REF01.020 | 07/01/2011 | | REF01 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: DQ "Supervising Physician" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims. 01/20: Companion Guide Note needed. |
| X222.283.2310D.REF02.010 | 07/01/2011 | | REF02 | Supervising Provider Secondary Identifier | AN | 1-50 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims. 01/20: Companion Guide Note needed. |
| X222.283.2310D.REF02.020 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims. 01/20: Companion Guide Note needed. |
| X222.283.2310D.REF02.030 | 07/01/2011 | | REF02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 133: "Entity's UPIN" EIC: DQ "Supervising Physician" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims. 01/20: Companion Guide Note needed. |
| X222.283.2310D.REF02.040 | 07/01/2011 | | REF02 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims. 01/20: Companion Guide Note needed. |
| X222.283.2310D.REF02.050 | 07/01/2011 | | REF02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 629: "Property Casualty Claim Number" EIC: DQ "Supervising Physician" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims.) 01/20: Companion Guide Note needed. |
| X222.283.2310D.REF02.060 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims. 01/20: Companion Guide Note needed. |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.283.2310D.REF02.070 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.283.2310D.REF03.010 | 07/01/2011 | | REF03 | Description | AN | 1-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.283.2310D.REF04.010 | 07/01/2011 | | REF04 | REFERENCE IDENTIFIER | | | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | | |
| X222.285.2310E.NM1.010 | 07/01/2011 | | NM1 | AMBULANCE PICK UP LOCATION | | 1 | S | 2310E | 1 | | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only one iteration 2310E.NM1 is allowed. | |
| X222.285.2310E.NM101.010 | 07/01/2011 Revised 01/06/2020 | | NM101 | Entity Identifier Code | ID | 2-3 | R | | | PW | 999 | R | IK304 = 2: "Unexpected segment" | 2310E.NM101 must be present and a valid value. | |
| X222.285.2310E.NM101.020 Edit Deactivated | 07/01/2011 | 01/06/2020 | | | | | | | | | | | | | |
| X222.285.2310E.NM102.010 | 07/01/2011 | | NM102 | Entity Type Qualifier | ID | 1-1 | R | | | 2 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310E.NM102 must be present. | |
| X222.285.2310E.NM102.020 | 07/01/2011 | | NM102 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2310E.NM102 must be "2". | |
| X222.285.2310E.NM103.010 | 07/01/2011 | | NM103 | Name Last or Organization Name | AN | 1-60 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.285.2310E.NM104.010 | 07/01/2011 | | NM104 | Name First | AN | 1-35 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.285.2310E.NM105.010 | 07/01/2011 | | NM105 | Name Middle | AN | 1-25 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.285.2310E.NM106.010 | 07/01/2011 | | NM106 | Name Prefix | AN | 1-10 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.285.2310E.NM107.010 | 07/01/2011 | | NM107 | Name Suffix | AN | 1-10 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.285.2310E.NM108.010 | 07/01/2011 | | NM108 | Identification Code Qualifier | ID | 1-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.285.2310E.NM109.010 | 07/01/2011 | | NM109 | Identification Code | AN | 2-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.285.2310E.NM110.010 | 07/01/2011 | | NM110 | Entity Relationship Code | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.285.2310E.NM111.010 | 07/01/2011 | | NM111 | Entity Identifier Code | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.285.2310E.NM112.010 | 07/01/2011 | | NM112 | Name Last or Organization Name | AN | 1-60 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.287.2310E.N3.010 | 07/01/2011 | | N3 | AMBULANCE PICK UP LOCATION ADDRESS | | 1 | R | 2310E | | | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | If 2310E.NM1 is present, 2310E.N3 must be present. | |
| X222.287.2310E.N3.020 | 07/01/2011 | | N3 | | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2310E.N3 is allowed. | |
| X222.287.2310E.N301.010 | 07/01/2011 | | N301 | Ambulance Pick Up Address Line | AN | 1-55 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310E.N301 must be present. | |
| X222.287.2310E.N301.020 | 07/01/2011 | | N301 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310E.N301 must contain at least one non-space character. | |
| X222.287.2310E.N301.030 | 07/01/2011 | | N301 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2310E.N301 must be 1 - 55 characters. | |
| X222.287.2310E.N301.040 | 07/01/2011 | | N301 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 126: "Entity's Address" CSC 266 Facility point of origin and destination - ambulance | | |
| X222.287.2310E.N301.050 | 07/01/2011 | | N301 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310E.N301 must be populated with accepted AN characters. | |
| X222.287.2310E.N301.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.287.2310E.N302.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.287.2310E.N302.020 | 07/01/2011 | | N302 | Ambulance Pick Up Address Line | AN | 1-55 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310E.N302 must contain at least one non-space character. | |
| X222.287.2310E.N302.030 | 07/01/2011 | | N302 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2310E.N302 must be 1 - 55 characters. | |
| X222.287.2310E.N302.040 | 07/01/2011 | | N302 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 126: "Entity's Address" CSC 266 "Facility point of origin and destination - ambulance" EIC 77 "Service Location" | | |
| X222.287.2310E.N302.050 | 07/01/2011 | | N302 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310E.N302 must be populated with accepted AN characters. | |
| X222.287.2310E.N302.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.288.2310E.N4.010 | 07/01/2011 | | N4 | AMBULANCE PICK UP LOCATION CITY/STATE/ZIP | | 1 | R | 2310E | | | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | If 2310E.NM1 is present, 2310E.N4 must be present. | |
| X222.288.2310E.N4.020 | 07/01/2011 | | N4 | | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2310E.N4 is allowed. | |
| X222.288.2310E.N401.010 | 07/01/2011 | | N401 | Ambulance Pick Up City Name | AN | 2-30 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310E.N401 must be present. | |
| X222.288.2310E.N401.020 | 07/01/2011 | | N401 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310E.N401 must contain at least two non-space characters. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.288.2310E.N401.030 | 07/01/2011 | | N401 | | | | | | | | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" | 2310E.N401 must be 2-30 characters. | |
| X222.288.2310E.N401.040 | 07/01/2011 | | N401 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 502: "Entity's City" CSC 266 "Facility point of origin and destination - ambulance" EIC: 77 "Service Location" | | |
| X222.288.2310E.N401.050 | 07/01/2011 | | N401 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310E.N401 must be populated with accepted AN characters. | |
| X222.288.2310E.N401.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.288.2310E.N402.010 | 07/01/2011 | | N402 | Ambulance Pick Up State or Province Code | ID | 2-2 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2310E.N404 is not present, 2310E.N402 must be present. | |
| X222.288.2310E.N402.020 | 07/01/2011 | | N402 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 501: "Entity's State/Province" CSC 266 "Facility point of origin and destination - ambulance" EIC: 77 "Service Location" | 2310E.N402 must be a valid State Code. | Valid State Code reference must be available for this edit. |
| X222.288.2310E.N403.010 | 07/01/2011 | | N403 | Ambulance Pick Up Postal Zone ZIP Code | ID | 3-15 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2310E.N404 is not present, 2310E.N403 must be present. | |
| X222.288.2310E.N403.020 | 07/01/2011 | | N403 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 500: "Entity's Postal/Zip Code" CSC 266 "Facility point of origin and destination - ambulance" EIC: 77 "Service Location" | 2310E.N403 must be a valid Zip Code. | Valid Zip Code reference must be available for this edit. |
| X222.288.2310E.N404.010 | 07/01/2011 | | N404 | Ambulance Pick Up Country Code | ID | 2-3 | S | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.288.2310E.N405.010 | 07/01/2011 | | N405 | Location Qualifier | ID | 1-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.288.2310E.N406.010 | 07/01/2011 | | N406 | Location Identifier | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.288.2310E.N407.005 | 07/01/2011 | | N407 | Country Subdivision Code | ID | 1-3 | S | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.288.2310E.N407.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.290.2310F.NM1.010 | 07/01/2011 | | NM1 | AMBULANCE DROP OFF LOCATION | | 1 | S | 2310F | 1 | | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only one iteration 2310F.NM1 is allowed. | |
| X222.290.2310F.NM101.010 | 07/01/2011 Revised 01/06/2020 | | NM101 | Entity Identifier Code | ID | 2-3 | R | | | 45 | 999 | R | IK304 = 2: "Unexpected segment" | 2310F.NM101 must be present and a valid value. | |
| X222.290.2310F.NM101.020 Edit Deactivated | 07/01/2011 | 01/06/2020 | | | | | | | | | | | | | |
| X222.290.2310F.NM102.010 | 07/01/2011 | | NM102 | Entity Type Qualifier | ID | 1-1 | R | | | 2 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310F.NM102 must be present. | |
| X222.290.2310F.NM102.020 | 07/01/2011 | | NM102 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2310F.NM102 must be "2". | |
| X222.290.2310F.NM103.010 | 07/01/2011 | | NM103 | Ambulance Drop Off Location | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310F.NM103 must contain at least one non-space character. | |
| X222.290.2310F.NM103.020 | 07/01/2011 | | NM103 | | AN | 1-60 | S | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2310F.NM103 must be 1 - 60 characters. | |
| X222.290.2310F.NM103.030 | 07/01/2011 | | NM103 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 504: "Entity's Last Name" CSC 266 "Facility point of origin and destination - ambulance" EIC: 77 "Service Location" | | |
| X222.290.2310F.NM103.040 | 07/01/2011 | | NM103 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310F.NM103 must be populated with accepted AN characters. | |
| X222.290.2310F.NM103.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.290.2310F.NM104.010 | 07/01/2011 | | NM104 | Name First | AN | 1-35 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.290.2310F.NM105.010 | 07/01/2011 | | NM105 | Name Middle | AN | 1-25 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.290.2310F.NM106.010 | 07/01/2011 | | NM106 | Name Prefix | AN | 1-10 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.290.2310F.NM107.010 | 07/01/2011 | | NM107 | Name Suffix | AN | 1-10 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.290.2310F.NM108.010 | 07/01/2011 | | NM108 | Identification Code Qualifier | ID | 1-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.290.2310F.NM109.010 | 07/01/2011 | | NM109 | Identification Code | AN | 2-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.290.2310F.NM110.010 | 07/01/2011 | | NM110 | Entity Relationship Code | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.290.2310F.NM111.010 | 07/01/2011 | | NM111 | Entity Identifier Code | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.290.2310F.NM112.010 | 07/01/2011 | | NM112 | Name Last or Organization Name | AN | 1-60 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.292.2310F.N3.010 | 07/01/2011 | | N3 | AMBULANCE DROP OFF LOCATION ADDRESS | | 1 | R | 2310F | | | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | If 2310F.NM1 is present, 2310F.N3 must be present. | |
| X222.292.2310F.N3.020 | 07/01/2011 | | N3 | | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2310F.N3 is allowed. | |
| X222.292.2310F.N301.010 | 07/01/2011 | | N301 | Ambulance Drop Off Address Line | AN | 1-55 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310F.N301 must be present. | |
| X222.292.2310F.N301.020 | 07/01/2011 | | N301 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310F.N301 must contain at least one non-space character. | |
| X222.292.2310F.N301.030 | 07/01/2011 | | N301 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2310F.N301 must be 1 - 55 characters. | |
| X222.292.2310F.N301.040 | 07/01/2011 | | N301 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 126: "Entity's Address" CSC 266 Facility point of origin and destination - ambulance EIC: 77 "Service Location" | | |
| X222.292.2310F.N301.050 | 07/01/2011 | | N301 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310F.N301 must be populated with accepted AN characters. | |
| X222.292.2310F.N301.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.292.2310F.N302.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.292.2310F.N302.020 | 07/01/2011 | | N302 | Ambulance Drop Off Address Line | AN | 1-55 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310F.N302 must contain at least one non-space character. | |
| X222.292.2310F.N302.030 | 07/01/2011 | | N302 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2310F.N302 must be 1 - 55 characters. | |
| X222.292.2310F.N302.040 | 07/01/2011 | | N302 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 126: "Entity's Address" CSC 266 Facility point of origin and destination - ambulance EIC: 77 "Service Location" | | |
| X222.292.2310F.N302.050 | 07/01/2011 | | N302 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310F.N302 must be populated with accepted AN characters. | |
| X222.292.2310F.N302.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.293.2310F.N4.010 | 07/01/2011 | | N4 | AMBULANCE DROP OFF LOCATION CITY/STATE/ZIP | | 1 | R | 2310F | | | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | If 2310F.NM1 is present, 2310F.N4 must be present. | |
| X222.293.2310F.N4.020 | 07/01/2011 | | N4 | | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2310F.N4 is allowed. | |
| X222.293.2310F.N401.010 | 07/01/2011 | | N401 | Ambulance Drop Off City Name | AN | 2-30 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2310F.N401 must be present. | |
| X222.293.2310F.N401.020 | 07/01/2011 | | N401 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310F.N401 must contain at least two non-space characters. | |
| X222.293.2310F.N401.030 | 07/01/2011 | | N401 | | | | | | | | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" | 2310F.N401 must be 2-30 characters. | |
| X222.293.2310F.N401.040 | 07/01/2011 | | N401 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 502: "Entity's City" CSC 266 "Facility point of origin and destination - ambulance" EIC: 77 "Service Location" | | |
| X222.293.2310F.N401.050 | 07/01/2011 | | N401 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2310F.N401 must be populated with accepted AN characters. | Valid State Code reference must be available for this edit. |
| X222.293.2310F.N401.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.293.2310F.N402.010 | 07/01/2011 | | N402 | Ambulance Drop Off State or Province Code | ID | 2-2 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2310F.N404 is not present, 2310F.N402 must be present. | |
| X222.293.2310F.N402.020 | 07/01/2011 | | N402 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 501: "Entity's State/Province" CSC 266 "Facility point of origin and destination - ambulance" EIC: 77 "Service Location" | 2310F.N402 must be a valid State Code. | Valid State Code reference must be available for this edit. |
| X222.293.2310F.N403.010 | 07/01/2011 | | N403 | Ambulance Drop Off Postal Zone ZIP Code | ID | 3-15 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2310F.N404 is not present, 2310F.N403 must be present. | |
| X222.293.2310F.N403.020 | 07/01/2011 | | N403 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 500: "Entity's Postal/Zip Code" CSC 266 "Facility point of origin and destination - ambulance" EIC: 77 "Service Location" | 2310F.N403 must be a valid Zip Code. | Valid Zip Code reference must be available for this edit. |
| X222.293.2310F.N404.010 | 07/01/2011 | | N404 | Ambulance Drop Off Country Code | ID | 2-3 | S | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.293.2310F.N405.010 | 07/01/2011 | | N405 | Location Qualifier | ID | 1-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.293.2310F.N406.010 | 07/01/2011 | | N406 | Location Identifier | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.293.2310F.N407.005 | 07/01/2011 | | N407 | Country Subdivision Code | ID | 1-3 | S | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.293.2310F.N407.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.295.2320..010 | 07/01/2011 | | | OTHER SUBSCRIBER LOOP | | | | 2320 | 10 | | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Up to ten iterations of the 2320 loop are allowed. | Clarification to remove phrase "If 2000B.SBR01=P"; Clarification effective with July 1, 2013, Change Request |
| X222.295.2320.SBR.010 | 07/01/2011 | | SBR | OTHER SUBSCRIBER INFORMATION | | 1 | S | 2320 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2320.SBR is allowed. | |
| X222.295.2320.SBR01.010 | 07/01/2011 | | SBR01 | Payer Responsibility Sequence Number Code | ID | 1-1 | R | | | A, B, C, D, E, F, G, H, P, S, T, U | 999 | R | IK403 = 1: "Required Data Element Missing" | 2320.SBR01 must be present. | |
| X222.295.2320.SBR01.020 | 07/01/2011 | | SBR01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2320.SBR01 must be valid values. | |
| X222.295.2320.SBR01.030 | 07/01/2011 | | SBR01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | Each iteration of 2320.SBR01 must contain a different code value (each code value may appear in one and only one SBR01 element). | |
| X222.295.2320.SBR01.040 | 07/01/2011 | | SBR01 | | | | | | | | 277 | C | CSCC A6: "Acknowledgement/Rejected for Missing Information…" CSC 286: "Other payer's Explanation of Benefits/payment information" | If 2000B.SBR01 = "S", 2320.SBR01 ="P" must be present. | |
| X222.295.2320.SBR02.010 | 07/01/2011 | | SBR02 | Individual Relationship Code | ID | 2-2 | R | | | 01, 18, 19, 20, 21, 39, 40, 53, G8 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2320.SBR02 must be present. | |
| X222.295.2320.SBR02.020 | 07/01/2011 | | SBR02 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2320.SBR02 must be valid values. | |
| X222.295.2320.SBR03.004 | 10/03/2011 | | SBR03 | Insured Group or Policy Number | AN | 1-50 | S | | | | 999 | E | IK403 = I13: "Implementation Dependent "Not Used" Data Element Present" | 2320.SBR03 must not equal 2330A.NM109 | |
| X222.295.2320.SBR03.006 | 10/03/2011 | | SBR03 | | | | | | | | 277 | T | CSCC A8: "Acknowledgement/Rejected for relational field in error" CSC 163: "Entity's Policy Number" CSC 732 "Information submitted inconsistent with billing guidelines." EIC: GB "Other Insured" | | |
| X222.295.2320.SBR03.010 | 07/01/2011 | | SBR03 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320.SBR03 must contain at least one non-space character. | |
| X222.295.2320.SBR03.020 | 07/01/2011 | | SBR03 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.SBR03 must be 1 - 50 characters. | |
| X222.295.2320.SBR03.030 | 07/01/2011 | | SBR03 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 163: "Entity's policy number" EIC: GB "Other Insured" | | |
| X222.295.2320.SBR03.040 | 07/01/2011 | | SBR03 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320.SBR03 must be populated with accepted AN characters. | |
| X222.295.2320.SBR03.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.295.2320.SBR04.010 | 07/01/2011 | | SBR04 | Other Insured Group Name | AN | 1-60 | S | | | | 999 | R | IK403 = 10: "Exclusion Condition Violated" | If 2320.SBR03 is present, 2320.SBR04 must not be present. | |
| X222.295.2320.SBR04.020 | 07/01/2011 | | SBR04 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320SBR04 must contain at least one non-space character. | |
| X222.295.2320.SBR04.030 | 07/01/2011 | | SBR04 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.SBR04 must be 1 - 60 characters. | |
| X222.295.2320.SBR04.040 | 07/01/2011 | | SBR04 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 663: "Entity's Group Name" EIC: GB "Other Insured" | | |
| X222.295.2320.SBR04.050 | 07/01/2011 | | SBR04 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320.SBR04 must be populated with accepted AN characters. | |
| X222.295.2320.SBR04.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.295.2320.SBR05.010 edit deactivated | 07/01/2011 | 07/01/2015 | | | | | | | | | | | | | |
| X222.295.2320.SBR05.020 | 07/01/2015 | | SBR05 | Insurance Type Code | ID | 1-3 | S | | | 12, 13, 14, 15, 16, 41, 42, 43, 47 | 999 | R | IK403 = 7: "Invalid Code Value" | 2320.SBR05 must be valid values. | |
| X222.295.2320.SBR06.010 | 07/01/2011 | | SBR06 | Coordination of Benefits Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.295.2320.SBR07.010 | 07/01/2011 | | SBR07 | Yes/No Condition or Response Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.295.2320.SBR08.010 | 07/01/2011 | | SBR08 | Employment Status Code | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.295.2320.SBR09.010 | 07/01/2011 | | SBR09 | Claim Filing Indicator Code | ID | 1-2 | S | | | 11, 12, 13, 14, 15, 16, 17, AM, BL, CH, CI, DS, FI ,HM, LM, MA, MB, MC, OF, TV, VA, WC, ZZ | 999 | R | IK403 = 7: "Invalid Code Value" | 2320.SBR09 must be valid values. | |
| X222.295.2320.SBR09.020 | 07/01/2011 Revised 01/06/2020 | | SBR09 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 480: "Entity's claim filing indicator." EIC: PR "Payer" | 2320.SBR09 must not = "MA" or "MB". | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.299.2320.CAS.010 | 07/01/2011 | | CAS | CLAIM LEVEL ADJUSTMENTS | | 5 | S | 2320 | | | 999 | R | IK304 = I9: "Implementation Dependent "Not Used" Segment Present" OR IK304 = 2: "Unexpected Segment" | If 2320.CAS is present, 2320.SBR must be present. | |
| X222.299.2320.CAS.020 | 07/01/2011 | | CAS | | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only five iterations of 2320.CAS are allowed. | |
| X222.299.2320.CAS.030 | 10/07/2013 | | CAS | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 41: Special handling required at payer site CSC 286: Other payer's Explanation of Benefits/payment information CSC 732: Information submitted inconsistent with billing guidelines | If 2000B.SBR01 = "P" then 2320.CAS must not be present. | This edit ensures that there are no adjustments from a previous payer when the claim indicates that Medicare is the primary payer. |
| X222.299.2320.CAS01.010 | 07/01/2011 | | CAS01 | Claim Adjustment Group Code | ID | 1-2 | R | | | CO, CR, OA, PI, PR | 999 | R | CSC 41: Special handling required at payer site | 2320.CAS01 must be present. | Valid Claim Adjustment Reason Code reference must be available for this edit. |
| X222.299.2320.CAS01.020 | 07/01/2011 | | CAS01 | | | | | | | | 999 | R | CSC 286: Other payer's Explanation of Benefits/payment information | 2320.CAS01 must be valid values. | |
| X222.299.2320.CAS01.030 Edit Deactivated | 07/01/2011 | 10/01/2012 | | | | | | | | | | | | | |
| X222.299.2320.CAS01.040 | 01/06/2020 | | | | | | | | | | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 521: "Adjustment Reason Code" | If 2320 CAS01 = "CR", "OA", or "PI": then 2320 CAS02 must not = 45, 2320.CAS05 must not = 45, 2320.CAS08 must not = 45, 2320.CAS11 must not = 45, 2320.CAS14 must not = 45, or 2320.CAS17 must not = 45. | Valid Claim Adjustment Group/Reason Code combination required. |
| X222.299.2320.CAS02.010 | 07/01/2011 | | CAS02 | Adjustment Reason Code | ID | 1-5 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2320.CAS02 must be present. | |
| X222.299.2320.CAS02.020 | 07/01/2011 | | CAS02 | | | | | | | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error. CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date EIC: GB "Other Insured" | If 2330B.DTP03 with DTP01 = "573" is present, 2320.CAS02 must be a valid Claim Adjustment Reason Code on the date in 2330B.DTP03 when DTP01 = "573". | |
| X222.299.2320.CAS02.025 | 01/01/2012 | | CAS02 | | | | | | | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error. CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date EIC: GB "Other Insured" | If 2330B.DTP03 with DTP01 = "573" is not present, 2320.CAS02 must be a valid Claim Adjustment Reason Code for the high/low date range of the 2430.DTP03s when DTP01 = "573". | |
| X222.299.2320.CAS02.030 Edit Deactivated | 07/01/2011 | 01/01/2012 | | | | | | | | | | | | | |
| X222.299.2320.CAS03.010 | 07/01/2011 | | CAS03 | Adjustment Amount | R | 1-18 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2320.CAS03 must be present. | |
| X222.299.2320.CAS03.020 | 07/01/2011 | | CAS03 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320.CAS03 must be numeric. | |
| X222.299.2320.CAS03.030 | 07/01/2011 | | CAS03 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 694: "Amount must not be equal to zero" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | 2320.CAS03 must not = 0. | |
| X222.299.2320.CAS03.040 | 07/01/2011 | | CAS03 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 697: "Invalid Decimal Precision" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | 2320.CAS03 is limited to 0, 1 or 2 decimal positions. | |
| X222.299.2320.CAS03.050 | 07/01/2011 | | CAS03 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.CAS03 must be >= -99,999.99. and <= 99,999.99. | |
| X222.299.2320.CAS03.060 | 07/01/2011 | | CAS03 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | | 11/25: Medicare specific limitation. 01/20: Companion Guide Note needed. |
| X222.299.2320.CAS04.010 | 07/01/2011 | | CAS04 | Adjustment Quantity | R | 1-15 | S | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.CAS04 must be 1-15 digits. | 11/25: Medicare specific limitation. 01/08: Not brought into Core System, so no Medicare size limit is needed. |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.299.2320.CAS04.020 | 07/01/2011 | | CAS04 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | | |
| X222.299.2320.CAS04.030 | 07/01/2011 | | CAS04 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 694: "Amount must not be equal to zero" CSC 520: "Adjustment Quantity" EIC: GB "Other Insured" | 2320.CAS04 must not = 0. | |
| X222.299.2320.CAS05.010 | 07/01/2011 | | CAS05 | Adjustment Reason Code | ID | 1-5 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2320.CAS05 is present, 2320.CAS02 must be present. | Valid Claim Adjustment Reason Code reference must be available for this edit. |
| X222.299.2320.CAS05.020 | 07/01/2011 | | CAS05 | | | | | | | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error. CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date EIC: GB "Other Insured" | If 2330B.DTP03 with DTP01 = "573" is present, 2320.CAS05 must be a valid Claim Adjustment Reason Code on the date in 2330B.DTP03 when DTP01 = "573". | |
| X222.299.2320.CAS05.030 | 07/01/2011 | | CAS05 | | | | | | | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error. CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date EIC: GB "Other Insured" | If 2330B.DTP03 with DTP01 = "573" is not present, 2320.CAS05 must be a valid Claim Adjustment Reason Code for the high/low date range of the 2430.DTP03s when DTP01 = "573". | |
| X222.299.2320.CAS06.010 | 07/01/2011 | | CAS06 | Adjustment Amount | R | 1-18 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2320.CAS06 is present, 2320.CAS05 must be present. | |
| X222.299.2320.CAS06.020 | 07/01/2011 | | CAS06 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320.CAS06 must be numeric. | |
| X222.299.2320.CAS06.030 | 07/01/2011 | | CAS06 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 694: "Amount must not be equal to zero" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | 2320.CAS06 must not = 0. | |
| X222.299.2320.CAS06.040 | 07/01/2011 | | CAS06 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 697: "Invalid Decimal Precision" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | 2320.CAS06 is limited to 0, 1 or 2 decimal positions. | 11/25: Medicare specific limitation. 01/20: Companion Guide Note needed. |
| X222.299.2320.CAS06.050 | 07/01/2011 | | CAS06 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.CAS03 must be >= -99,999.99. and <= 99,999.99. | |
| X222.299.2320.CAS06.060 | 07/01/2011 | | CAS06 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | | 11/25: Medicare specific limitation. 01/08: Not brought into Core System, so no Medicare size limit is needed. |
| X222.299.2320.CAS07.010 | 07/01/2011 | | CAS07 | Adjustment Quantity | R | 1-15 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2320.CAS07 is present, 2320.CAS05 must be present. | |
| X222.299.2320.CAS07.020 | 07/01/2011 | | CAS07 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.CAS07 must be 1-15 digits. | |
| X222.299.2320.CAS07.030 | 07/01/2011 | | CAS07 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | | |
| X222.299.2320.CAS07.040 | 07/01/2011 | | CAS07 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 694: "Amount must not be equal to zero" CSC 520: "Adjustment Quantity" EIC: GB "Other Insured" | 2320.CAS07 must not = 0. | |
| X222.299.2320.CAS08.010 | 07/01/2011 | | CAS08 | Adjustment Reason Code | ID | 1-5 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2320.CAS08 is present, 2320.CAS05 must be present. | Valid Claim Adjustment Reason Code reference must be available for this edit. |
| X222.299.2320.CAS08.020 | 07/01/2011 | | CAS08 | | | | | | | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error. CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date EIC: GB "Other Insured" | If 2330B.DTP03 with DTP01 = "573" is present, 2320.CAS08 must be a valid Claim Adjustment Reason Code on the date in 2330B.DTP03 when DTP01 = "573". | |
| X222.299.2320.CAS08.030 | 07/01/2011 | | CAS08 | | | | | | | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error. CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date EIC: GB "Other Insured" | If 2330B.DTP03 with DTP01 = "573" is not present, 2320.CAS08 must be a valid Claim Adjustment Reason Code for the high/low date range of the 2430.DTP03s when DTP01 = "573". | |
| X222.299.2320.CAS09.010 | 07/01/2011 | | CAS09 | Adjustment Amount | R | 1-18 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2320.CAS09 is present, 2320.CAS08 must be present. | |
| X222.299.2320.CAS09.020 | 07/01/2011 | | CAS09 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320.CAS09 must be numeric. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.299.2320.CAS09.030 | 07/01/2011 | | CAS09 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 694: "Amount must not be equal to zero" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | 2320.CAS09 must not = 0. | 11/25: Medicare specific limitation. 01/20: Companion Guide Note needed. |
| X222.299.2320.CAS09.040 | 07/01/2011 | | CAS09 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 697: "Invalid Decimal Precision" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | 2320.CAS09 is limited to 0, 1 or 2 decimal positions. | |
| X222.299.2320.CAS09.050 | 07/01/2011 | | CAS09 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.CAS09 must be >= -99,999.99. and <= 99,999.99. | 11/25: Medicare specific limitation. 01/08: Not brought into Core System, so no Medicare size limit is needed. |
| X222.299.2320.CAS09.060 | 07/01/2011 | | CAS09 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | | |
| X222.299.2320.CAS10.010 | 07/01/2011 | | CAS10 | Adjustment Quantity | R | 1-15 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2320.CAS10 is present, 2320.CAS08 must be present. | |
| X222.299.2320.CAS10.020 | 07/01/2011 | | CAS10 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.CAS10 must be 1-15 digits. | |
| X222.299.2320.CAS10.030 | 07/01/2011 | | CAS10 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | | |
| X222.299.2320.CAS10.040 | 07/01/2011 | | CAS10 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 694: "Amount must not be equal to zero" CSC 520: "Adjustment Quantity" EIC: GB "Other Insured" | 2320.CAS10 must not = 0. | |
| X222.299.2320.CAS11.010 | 07/01/2011 | | CAS11 | Adjustment Reason Code | ID | 1-5 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2320.CAS11 is present, 2320.CAS08 must be present. | Valid Claim Adjustment Reason Code reference must be available for this edit. |
| X222.299.2320.CAS11.020 | 07/01/2011 | | CAS11 | | | | | | | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error. CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date EIC: GB "Other Insured" | If 2330B.DTP03 with DTP01 = "573" is present, 2320.CAS11 must be a valid Claim Adjustment Reason Code on the date in 2330B.DTP03 when DTP01 = "573". | |
| X222.299.2320.CAS11.030 | 07/01/2011 | | CAS11 | | | | | | | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error. CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date EIC: GB "Other Insured" | If 2330B.DTP03 with DTP01 = "573" is not present, 2320.CAS11 must be a valid Claim Adjustment Reason Code for the high/low date range of the 2430.DTP03s when DTP01 = "573". | |
| X222.299.2320.CAS12.010 | 07/01/2011 | | CAS12 | Adjustment Amount | R | 1-18 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2320.CAS12 is present, 2320.CAS11 must be present. | |
| X222.299.2320.CAS12.020 | 07/01/2011 | | CAS12 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320.CAS12 must be numeric. | |
| X222.299.2320.CAS12.030 | 07/01/2011 | | CAS12 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 694: "Amount must not be equal to zero" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | 2320.CAS12 must not = 0. | 11/25: Medicare specific limitation. 01/20: Companion Guide Note needed. |
| X222.299.2320.CAS12.040 | 07/01/2011 | | CAS12 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 697: "Invalid Decimal Precision" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | 2320.CAS12 is limited to 0, 1 or 2 decimal positions. | |
| X222.299.2320.CAS12.050 | 07/01/2011 | | CAS12 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.CAS12 must be >= -99,999.99. and <= 99,999.99. | 11/25: Medicare specific limitation. 01/08: Not brought into Core System, so no Medicare size limit is needed. |
| X222.299.2320.CAS12.060 | 07/01/2011 | | CAS12 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | | |
| X222.299.2320.CAS13.010 | 07/01/2011 | | CAS13 | Adjustment Quantity | R | 1-15 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2320.CAS13 is present, 2320.CAS11 must be present. | |
| X222.299.2320.CAS13.020 | 07/01/2011 | | CAS13 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.CAS13 must be 1-15 digits. | |
| X222.299.2320.CAS13.030 | 07/01/2011 | | CAS13 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.299.2320.CAS13.040 | 07/01/2011 | | CAS13 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 694: "Amount must not be equal to zero" CSC 520: "Adjustment Quantity" EIC: GB "Other Insured" | 2320.CAS13 must not = 0. | |
| X222.299.2320.CAS14.010 | 07/01/2011 | | CAS14 | Adjustment Reason Code | ID | 1-5 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2320.CAS14 is present, 2320.CAS11 must be present. | Valid Claim Adjustment Reason Code reference must be available for this edit. |
| X222.299.2320.CAS14.020 | 07/01/2011 | | CAS14 | | | | | | | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error. CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date EIC: GB "Other Insured" | If 2330B.DTP03 with DTP01 = "573" is present, 2320.CAS14 must be a valid Claim Adjustment Reason Code on the date in 2330B.DTP03 when DTP01 = "573". | |
| X222.299.2320.CAS14.030 | 07/01/2011 | | CAS14 | | | | | | | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error. CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date EIC: GB "Other Insured" | If 2330B.DTP03 with DTP01 = "573" is not present, 2320.CAS14 must be a valid Claim Adjustment Reason Code for the high/low date range of the 2430.DTP03s when DTP01 = "573". | |
| X222.299.2320.CAS15.010 | 07/01/2011 | | CAS15 | Adjustment Amount | R | 1-18 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2320.CAS15 is present, 2320.CAS14 must be present. | |
| X222.299.2320.CAS15.020 | 07/01/2011 | | CAS15 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320.CAS15 must be numeric. | |
| X222.299.2320.CAS15.030 | 07/01/2011 | | CAS15 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 694: "Amount must not be equal to zero" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | 2320.CAS15 must not = 0. | 11/25: Medicare specific limitation. 01/20: Companion Guide Note needed. |
| X222.299.2320.CAS15.040 | 07/01/2011 | | CAS15 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 697: "Invalid Decimal Precision" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | 2320.CAS15 is limited to 0, 1 or 2 decimal positions. | |
| X222.299.2320.CAS15.050 | 07/01/2011 | | CAS15 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.CAS15 must be >= -99,999.99. and <= 99,999.99. | 11/25: Medicare specific limitation. 01/08: Not brought into Core System, so no Medicare size limit is needed. |
| X222.299.2320.CAS15.060 | 07/01/2011 | | CAS15 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | | |
| X222.299.2320.CAS16.010 | 07/01/2011 | | CAS16 | Adjustment Quantity | R | 1-15 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2320.CAS16 is present, 2320.CAS14 must be present. | |
| X222.299.2320.CAS16.020 | 07/01/2011 | | CAS16 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.CAS16 must be 1-15 digits. | |
| X222.299.2320.CAS16.030 | 07/01/2011 | | CAS16 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | | |
| X222.299.2320.CAS16.040 | 07/01/2011 | | CAS16 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 694: "Amount must not be equal to zero" CSC 520: "Adjustment Quantity" EIC: GB "Other Insured" | 2320.CAS16 must not = 0. | |
| X222.299.2320.CAS17.010 | 07/01/2011 | | CAS17 | Adjustment Reason Code | ID | 1-5 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2320.CAS17 is present, 2320.CAS14 must be present. | Valid Claim Adjustment Reason Code reference must be available for this edit. |
| X222.299.2320.CAS17.020 | 07/01/2011 | | CAS17 | | | | | | | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error. CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date EIC: GB "Other Insured" | If 2330B.DTP03 with DTP01 = "573" is present, 2320.CAS17 must be a valid Claim Adjustment Reason Code on the date in 2330B.DTP03 when DTP01 = "573". | |
| X222.299.2320.CAS17.030 | 07/01/2011 | | CAS17 | | | | | | | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error. CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date EIC: GB "Other Insured" | If 2330B.DTP03 with DTP01 = "573" is not present, 2320.CAS17 must be a valid Claim Adjustment Reason Code for the high/low date range of the 2430.DTP03s when DTP01 = "573". | |
| X222.299.2320.CAS18.010 | 07/01/2011 | | CAS18 | Adjustment Amount | R | 1-18 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2320.CAS18 is present, 2320.CAS17 must be present. | |
| X222.299.2320.CAS18.020 | 07/01/2011 | | CAS18 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320.CAS18 must be numeric. | |
| X222.299.2320.CAS18.030 | 07/01/2011 | | CAS18 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 694: "Amount must not be equal to zero" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | 2320.CAS18 must not = 0. | 11/25: Medicare specific limitation. 01/20: Companion Guide Note needed. |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.299.2320.CAS18.040 | 07/01/2011 | | CAS18 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 697: "Invalid Decimal Precision" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | 2320.CAS18 is limited to 0, 1 or 2 decimal positions. | |
| X222.299.2320.CAS18.050 | 07/01/2011 | | CAS18 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.CAS18 must be >= -99,999.99. and <= 99,999.99. | 11/25: Medicare specific limitation. 01/08: Not brought into Core System, so no Medicare size limit is needed. |
| X222.299.2320.CAS18.060 | 07/01/2011 | | CAS18 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | | |
| X222.299.2320.CAS19.010 | 07/01/2011 | | CAS19 | Adjustment Quantity | R | 1-15 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2320.CAS19 is present, 2320.CAS17 must be present. | |
| X222.299.2320.CAS19.020 | 07/01/2011 | | CAS19 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.CAS19 must be 1-15 digits. | |
| X222.299.2320.CAS19.030 | 07/01/2011 | | CAS19 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | | |
| X222.299.2320.CAS19.040 | 07/01/2011 | | CAS19 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 694: "Amount must not be equal to zero" CSC 520: "Adjustment Quantity" EIC: GB "Other Insured" | 2320.CAS19 must not = 0. | |
| X222.305.2320.AMT.010 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.305.2320.AMT.020 | 07/01/2011 | | AMT | COB PAYER PAID AMOUNT | | 1 | S | 2320 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2320.AMT with AMT01 = "D" is allowed. | |
| X222.305.2320.AMT.030 | 07/01/2011 | | AMT | | | | | | | | 277 | C | CSCC A6: "Acknowledgement/Rejected for Missing Information…" CSC 286: "Other payer's Explanation of Benefits/payment information" | If 2000B.SBR01 = "S" then one 2320 loop with an AMT segment with AMT01 = "D" must be present. | |
| X222.305.2320.AMT.040 | 01/01/2013 | | AMT | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 41: Special handling required at payer site CSC 286: Other payer's Explanation of Benefits/payment information CSC 732: Information submitted inconsistent with billing guidelines | If 2000B.SBR01 = "S" then only one iteration of 2320 loop containing an AMT with AMT01 equal to D is allowed. | This edit prevents multiple primary payers to Medicare from being submitted electronically. |
| X222.305.2320.AMT01.010 | 07/01/2011 | | AMT01 | Amount Qualifier Code | ID | 1-3 | R | | | D | 999 | R | IK403 = 1: "Required Data Element Missing" | 2320.AMT01 must be present. | |
| X222.305.2320.AMT01.020 | 07/01/2011 | | AMT01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2320.AMT01 must be "D". | |
| X222.305.2320.AMT01.030 | 04/01/2013 | | AMT01 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 41: Special handling required at payer site CSC 286: Other payer's Explanation of Benefits/payment information CSC 732: Information submitted inconsistent with billing guidelines | If 2000B.SBR01 = "P" then 2320.AMT01 =D must not be present. | Medicare cannot be both primary and secondary at the same time, as a "P" (for Primary) in 2000B.SBR01 and a "D" value in 2320.AMT01 (Payer Paid Amount) would indicate. Note: clarified 12/6/2012 to specify that the value must be "D" in order to ensure that editing is against the correct 2320 AMT segment. |
| X222.305.2320.AMT02.015 | 07/01/2011 | | AMT02 | Payer Paid Amount | R | 1-18 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2320.AMT02 must be present. | |
| X222.305.2320.AMT02.030 | 07/01/2011 | | AMT02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320 .AMT02 must be numeric. | |
| X222.305.2320.AMT02.010 | 07/01/2011 | | AMT02 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.AMT02 must be >= 0 and <= 99,999.99. | 11/25: Medicare specific limitation. 01/20: Companion Guide Note needed. |
| X222.305.2320.AMT02.020 | 07/01/2011 | | AMT02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 183: "Amount entity has paid" CSC 286: Other payer's Explanation of Benefits/payment information EIC: PR "Payer" | | |
| X222.305.2320.AMT02.040 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.305.2320.AMT02.050 | 07/01/2011 | | AMT02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 697: "Invalid Decimal Precision" CSC 183: "Amount entity has paid" CSC 286: Other payer's Explanation of Benefits/payment information EIC: PR "Payer" | 2320.AMT02 is limited to 0, 1 or 2 decimal positions. | |
| X222.305.2320.AMT02.060 | 07/01/2011 | | AMT02 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 672: "Other Payer's payment information is out of balance" CSC 286: Other payer's Explanation of Benefits/payment information | 2320 AMT02 must = the sum of all existing 2430.SVD02 payer paid amounts (when the value in 2430.SVD01 is the same as the value in 2330B.NM109) minus the sum of all claim level adjustments (2320 CAS adjustment amounts) for the same payer. NOTE: Perform this edit only when 2430 SVD segments are present for this 2320-2330x iteration's payer. | |
| X222.305.2320.AMT03.010 | 07/01/2011 | | AMT03 | Credit/Debit Flag Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.306.2320.AMT .010 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.306.2320.AMT .020 | 07/01/2011 | | AMT | COB TOTAL NON-COVERED AMOUNT | | 1 | S | 2320 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2320.AMT with AMT01 = "A8" is allowed. | Pass through, syntax only. |
| X222.306.2320.AMT01.010 | 07/01/2011 | | AMT01 | Amount Qualifier Code | ID | 1-3 | R | | | A8 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2320.AMT01 must be present. | |
| X222.306.2320.AMT01.020 | 07/01/2011 | | AMT01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2320.AMT01 must be "A8". | |
| X222.306.2320.AMT01.030 | 04/01/2016 | | AMT01 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 596: "Non-covered Charge Amount" EIC: GB "Other Insured" | 2320 AMT01 = A8 must not be present | Medicare does not have a cost avoidance policy that allows providers to bypass claim submission to the otherwise prior payer. |
| X222.306.2320.AMT02.005 | 07/01/2011 | | AMT02 | Non-Covered Amount | R | 1-18 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2320.AMT02 must be present. | |
| X222.306.2320.AMT02.010 | 07/01/2011 | | AMT02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320 .AMT02 must be numeric. | |
| X222.306.2320.AMT02.020 | 07/01/2011 | | AMT02 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.AMT02 must be >= 0 and <= 99,999.99. | 11/25: Medicare specific limitation. 01/20: Companion Guide Note needed. |
| X222.306.2320.AMT02.030 | 07/01/2011 | | AMT02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 596: "Non-covered Charge Amount" EIC: GB "Other Insured" | | |
| X222.306.2320.AMT02.040 | 07/01/2011 | | AMT02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 697: "Invalid Decimal Precision" CSC 596: "Non-covered Charge Amount" EIC: GB "Other Insured" | 2320.AMT02 is limited to 0, 1 or 2 decimal positions. | |
| X222.306.2320.AMT02.050 | 07/01/2011 | 04/01/2016 | | | | | | | | | | | | | |
| X222.306.2320.AMT02.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.306.2320.AMT03.010 | 07/01/2011 | | AMT03 | Credit/Debit Flag Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.307.2320.AMT.010 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.307.2320.AMT.020 | 07/01/2011 | | AMT | REMAINING PATIENT LIABILITY | | 1 | S | 2320 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2320.AMT with AMT01 = "EAF" is allowed. | Pass through, syntax only. |
| X222.307.2320.AMT.030 | 07/01/2011 | | AMT | | | | | | | | 277 | T | CSCC A8: "Acknowledgement/Rejected for relational field in error" CSC 6: "Balance due from the subscriber". EIC: GB "Other Insured" | If 2430 AMT (EAF) is present for the same payer, the 2320 AMT (EAF) must not be present | |
| X222.307.2320.AMT01.010 | 07/01/2011 | | AMT01 | Amount Qualifier Code | ID | 1-3 | R | | | EAF | 999 | R | IK403 = 1: "Required Data Element Missing" | 2320.AMT01 must be present. | |
| X222.307.2320.AMT01.020 | 07/01/2011 | | AMT01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2320.AMT01 must be "EAF". | |
| X222.307.2320.AMT02.002 | 07/01/2011 | | AMT02 | Remaining Patient Liability Amount | R | 1-18 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2320.AMT02 must be present. | |
| X222.307.2320.AMT02.005 | 07/01/2011 | | AMT02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320.AMT02 must be numeric. | |
| X222.307.2320.AMT02.010 | 07/01/2011 | | AMT02 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.AMT02 must be <= 99,999.99. | 11/25: Medicare specific limitation. 01/20: Companion Guide Note needed. |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.307.2320.AMT02.020 | 07/01/2011 | | AMT02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 6 Balance due from the subscriber. EIC: GB "Other Insured" | | |
| X222.307.2320.AMT02.025 | 07/01/2011 | | AMT02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 697: "Invalid Decimal Precision" CSC 6 Balance due from the subscriber. EIC: GB "Other Insured" | 2320.AMT02 is limited to 0, 1 or 2 decimal positions. | |
| X222.307.2320.AMT02.030 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.307.2320.AMT02.040 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.307.2320.AMT03.010 | 07/01/2011 | | AMT03 | Credit/Debit Flag Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.308.2320.OI.010 | 07/01/2011 | | OI | OTHER INSURANCE COVERAGE INFORMATION | | 1 | R | 2320 | | | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | If 2320.SBR is present, 2320.OI must be present. | |
| X222.308.2320.OI.020 | 07/01/2011 | | OI | | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2320.OI is allowed. | |
| X222.308.2320.OI01.010 | 07/01/2011 | | OI01 | Claim Filing Indicator Code | ID | 1-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.308.2320.OI02.010 | 07/01/2011 | | OI02 | Claim Submission Reason Code | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.308.2320.OI03.010 | 07/01/2011 | | OI03 | Benefits Assignment Certification Indicator | ID | 1-1 | R | | | N, W, Y | 999 | R | IK403 = 1: "Required Data Element Missing" | 2320.OI03 must be present. | |
| X222.308.2320.OI03.020 | 07/01/2011 | | OI03 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2320.OI03 must be valid values. | |
| X222.308.2320.OI04.010 | 07/01/2011 | | OI04 | Patient Signature Source Code | ID | 1-1 | S | | | P | 999 | R | IK403 = 7: "Invalid Code Value" | 2320.OI04 must be "P". | |
| X222.308.2320.OI05.010 | 07/01/2011 | | OI05 | Provider Agreement Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.308.2320.OI06.010 | 07/01/2011 | | OI06 | Release of Information Code | ID | 1-1 | R | | | I, Y | 999 | R | IK403 = 1: "Required Data Element Missing" | 2320.OI06 must be present. | |
| X222.308.2320.OI06.020 | 07/01/2011 | | OI06 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2320.OI06 must be valid values. | |
| X222.310.2320.MOA.010 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.310.2320.MOA.020 | 07/01/2011 | | MOA | OUTPATIENT ADJUDICATION INFORMATION | | 1 | S | 2320 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2320.MOA is allowed on outpatient claims. | |
| X222.310.2320.MOA01.010 | 07/01/2011 | | MOA01 | Reimbursement Rate | R | 1-10 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320.MOA01 must be numeric. | |
| X222.310.2320.MOA01.020 | 07/01/2011 | | MOA01 | | | | | | | | 999 | R | IK403 = I12: "Implementation Pattern Match Failure" | 2320.MOA01 must be >= 0.0 and <= 1.0. | 2320.MOA01 must be a percentage expressed as a decimal. |
| X222.310.2320.MOA01.030 | 07/01/2011 | | MOA01 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 697: "Invalid Decimal Precision" CSC 631: "Reimbursement Rate" | 2320.MOA01 is limited to 0, 1 or 2 decimal positions. | |
| X222.310.2320.MOA02.010 | 07/01/2011 | | MOA02 | HCPCS Payable Amount | R | 1-18 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320.MOA02 must be numeric. | |
| X222.310.2320.MOA02.020 | 07/01/2011 | | MOA02 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.MOA02 must be >= 0 and <= 99,999.99. | 11/25: Medicare specific limitation. 01/20: Companion Guide Note needed. |
| X222.310.2320.MOA02.030 | 07/01/2011 | | MOA02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 574: "HCPCS Payable Amount Home Health" | | |
| X222.310.2320.MOA02.040 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.310.2320.MOA02.050 | 07/01/2011 | | MOA02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 697: "Invalid Decimal Precision" CSC 574: "HCPCS Payable Amount Home Health" | 2320.MOA02 is limited to 0, 1 or 2 decimal positions. | |
| X222.310.2320.MOA03.010 | 7/1/2011 Revised 10/06/2014 | | MOA03 | Remark Code | AN | 1-50 | S | | | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error." CSC 634: "Remark Code" CSC 516: "Adjudication or Payment Date" EIC: GB "Other Insured" | If 2330B.DTP03 with DTP01 = "573" is present, 2320.MOA03 must be a valid Remittance Advice Remark Code on the date in 2330B.DTP03 when DTP01 = "573". | Valid Remittance Advice Remark Code reference must be available for this edit. |
| X222.310.2320.MOA03.020 | 7/1/2011 Revised 10/06/2014 | | MOA03 | | | | | | | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error." CSC 634: "Remark Code" CSC 516: "Adjudication or Payment Date" EIC: GB "Other Insured" | If 2330B.DTP03 with DTP01 = "573" is not present, 2320.MOA03 must be a valid Remittance Advice Remark Code for the high/low date range of the 2430.DTP03s when DTP01 = "573". | Valid Remittance Advice Remark Code reference must be available for this edit. |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.310.2320.MOA04.010 | 7/1/2011 Revised 10/06/2014 | | MOA04 | Remark Code | AN | 1-50 | S | | | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error." CSC 634: "Remark Code" CSC 516: "Adjudication or Payment Date" EIC: GB "Other Insured" | If 2330B.DTP03 with DTP01 = "573" is present, 2320.MOA04 must be a valid Remittance Advice Remark Code on the date in 2330B.DTP03 when DTP01 = "573". | Valid Remittance Advice Remark Code reference must be available for this edit. |
| X222.310.2320.MOA04.020 | 7/1/2011 Revised 10/06/2014 | | MOA04 | | | | | | | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error." CSC 634: "Remark Code" CSC 516: "Adjudication or Payment Date" EIC: GB "Other Insured" | If 2330B.DTP03 with DTP01 = "573" is not present, 2320.MOA04 must be a valid Remittance Advice Remark Code for the high/low date range of the 2430.DTP03s when DTP01 = "573". | Valid Remittance Advice Remark Code reference must be available for this edit. |
| X222.310.2320.MOA05.010 | 7/1/2011 Revised 10/06/2014 | | MOA05 | Remark Code | AN | 1-50 | S | | | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error." CSC 634: "Remark Code" CSC 516: "Adjudication or Payment Date" EIC: GB "Other Insured" | If 2330B.DTP03 with DTP01 = "573" is present, 2320.MOA05 must be a valid Remittance Advice Remark Code on the date in 2330B.DTP03 when DTP01 = "573". | Valid Remittance Advice Remark Code reference must be available for this edit. |
| X222.310.2320.MOA05.020 | 7/1/2011 Revised 10/06/2014 | | MOA05 | | | | | | | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error." CSC 634: "Remark Code" CSC 516: "Adjudication or Payment Date" EIC: GB "Other Insured" | If 2330B.DTP03 with DTP01 = "573" is not present, 2320.MOA05 must be a valid Remittance Advice Remark Code for the high/low date range of the 2430.DTP03s when DTP01 = "573". | Valid Remittance Advice Remark Code reference must be available for this edit. |
| X222.310.2320.MOA06.010 | 7/1/2011 Revised 10/06/2014 | | MOA06 | Remark Code | AN | 1-50 | S | | | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error." CSC 634: "Remark Code" CSC 516: "Adjudication or Payment Date" EIC: GB "Other Insured" | If 2330B.DTP03 with DTP01 = "573" is present, 2320.MOA06 must be a valid Remittance Advice Remark Code on the date in 2330B.DTP03 when DTP01 = "573". | Valid Remittance Advice Remark Code reference must be available for this edit. |
| X222.310.2320.MOA06.020 | 7/1/2011 Revised 10/06/2014 | | MOA06 | | | | | | | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error." CSC 634: "Remark Code" CSC 516: "Adjudication or Payment Date" EIC: GB "Other Insured" | If 2330B.DTP03 with DTP01 = "573" is not present, 2320.MOA06 must be a valid Remittance Advice Remark Code for the high/low date range of the 2430.DTP03s when DTP01 = "573". | Valid Remittance Advice Remark Code reference must be available for this edit. |
| X222.310.2320.MOA07.010 | 7/1/2011 Revised 10/06/2014 | | MOA07 | Remark Code | AN | 1-50 | S | | | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error." CSC 634: "Remark Code" CSC 516: "Adjudication or Payment Date" EIC: GB "Other Insured" | If 2330B.DTP03 with DTP01 = "573" is present, 2320.MOA07 must be a valid Remittance Advice Remark Code on the date in 2330B.DTP03 when DTP01 = "573". | Valid Remittance Advice Remark Code reference must be available for this edit. |
| X222.310.2320.MOA07.020 | 7/1/2011 Revised 10/06/2014 | | MOA07 | | | | | | | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error." CSC 634: "Remark Code" CSC 516: "Adjudication or Payment Date" when DTP01 = "573". | If 2330B.DTP03 with DTP01 = "573" is not present, 2320.MOA07 must be a valid Remittance Advice Remark Code for the high/low date range of the 2430.DTP03s when DTP01 = "573". | Valid Remittance Advice Remark Code reference must be available for this edit. |
| X222.310.2320.MOA08.010 | 07/01/2011 | | MOA08 | End Stage Renal Disease Payment Amount | R | 1-18 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320 .MOA08 must be numeric. | |
| X222.310.2320.MOA08.020 | 07/01/2011 | | MOA08 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.MOA08 must be >= 0 and <= 99,999.99. | 11/25: Medicare specific limitation. 01/20: Companion Guide Note needed. |
| X222.310.2320.MOA08.030 | 07/01/2011 | | MOA08 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 534: "Claim ESRD Payment Amount" | | |
| X222.310.2320.MOA08.040 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.310.2320.MOA08.050 | 07/01/2011 | | MOA08 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 697: "Invalid Decimal Precision" CSC 534: "Claim ESRD Payment Amount" | 2320.MOA08 is limited to 0, 1 or 2 decimal positions. | |
| X222.310.2320.MOA09.010 | 07/01/2011 | | MOA09 | Non-Payable Professional Component Billed Amount | R | 1-18 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2320 .MOA09 must be numeric. | 11/25: Medicare specific limitation. 01/20: Companion Guide Note needed. |
| X222.310.2320.MOA09.020 | 07/01/2011 | | MOA09 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.MOA09 must be >= 0 and <= 99,999.99. | |
| X222.310.2320.MOA09.030 | 07/01/2011 | | MOA09 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 598: "Non-payable Professional Component Billed Amount" | | |
| X222.310.2320.MOA09.040 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.310.2320.MOA09.050 | 07/01/2011 | | MOA09 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 697: "Invalid Decimal Precision" CSC 598: "Non-payable Professional Component Billed Amount" | 2320.MOA09 is limited to 0, 1 or 2 decimal positions. | |
| X222.313.2330A.NM1.010 | 07/01/2011 | | NM1 | OTHER SUBSCRIBER NAME | | 1 | R | 2330A | 1 | | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | If 2320SBR is present, 2330A.NM1 must be present. | |
| X222.313.2330A.NM1.020 | 07/01/2011 | | NM1 | | | | | | | | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only one iteration of 2330A.NM1 is allowed. | |
| X222.313.2330A.NM101.010 | 07/01/2011 Revised 01/06/2020 | | NM101 | Entity Identifier Code | ID | 2-3 | R | | | IL | 999 | R | IK304 = 2: "Unexpected segment" | 2330A.NM101 must be present and a valid value. | |
| X222.313.2330A.NM101.020 Edit Deactivated | 07/01/2011 | 01/06/2020 | | | | | | | | | | | | | |
| X222.313.2330A.NM102.010 | 07/01/2011 | | NM102 | Entity Type Qualifier | ID | 1-1 | R | | | 1, 2 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330A.NM102 must be present. | |
| X222.313.2330A.NM102.020 | 07/01/2011 | | NM102 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2330A.NM102 must be valid values. | |
| X222.313.2330A.NM103.010 | 07/01/2011 | | NM103 | Other Insured Last Name | AN | 1-60 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330A.NM103 must be present. | |
| X222.313.2330A.NM103.020 | 07/01/2011 | | NM103 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2330A.NM103 must be 1 - 60 characters. | |
| X222.313.2330A.NM103.030 | 07/01/2011 | | NM103 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 504: "Entity's Last Name" EIC: GB "Other Insured" | | |
| X222.313.2330A.NM103.040 | 07/01/2011 | | NM103 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330A.NM103 must be populated with accepted AN characters. | |
| X222.313.2330A.NM103.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.313.2330A.NM103.060 | 07/01/2011 | | NM103 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330A.NM103 must contain at least one non-space character. | |
| X222.313.2330A.NM104.010 | 07/01/2011 | | NM104 | Other Insured First Name | AN | 1-35 | S | | | | 999 | R | IK403 = I13: "Implementation Dependent "Not Used" Data Element Present" | If 2330A.NM102 is "2", 2330A.NM104 must not be present. | |
| X222.313.2330A.NM104.020 | 07/01/2011 | | NM104 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330A.NM104 must contain at least one non-space character. | |
| X222.313.2330A.NM104.030 | 07/01/2011 | | NM104 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2330A.NM104 must be 1 - 35 characters. | |
| X222.313.2330A.NM104.040 | 07/01/2011 | | NM104 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 505: "Entity's First Name" EIC: GB "Other Insured" | | |
| X222.313.2330A.NM104.050 | 07/01/2011 | | NM104 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330A.NM104 must be populated with accepted AN characters. | |
| X222.313.2330A.NM104.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.313.2330A.NM105.010 | 07/01/2011 | | NM105 | Other Insured Middle Name | AN | 1-25 | S | | | | 999 | R | IK403 = I13: "Implementation Dependent "Not Used" Data Element Present" | If 2330A.NM102 is "2", 2330A.NM105 must not be present. | |
| X222.313.2330A.NM105.020 | 07/01/2011 | | NM105 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330A.NM105 must contain at least one non-space character. | |
| X222.313.2330A.NM105.030 | 07/01/2011 | | NM105 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2330A.NM105 must be 1 - 25 characters. | |
| X222.313.2330A.NM105.040 | 07/01/2011 | | NM105 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 514: "Entity's Middle Name" EIC: GB "Other Insured" | | |
| X222.313.2330A.NM105.050 | 07/01/2011 | | NM105 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330A.NM105 must be populated with accepted AN characters. | |
| X222.313.2330A.NM105.055 | 04/01/2013 | | NM105 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 514: "Entity's Middle Name" EIC: GB "Other Insured" | The first position of 2330A.NM105 must be alphabetic (A…Z). | To prevent continued processing and later rejection of claims (CWF) having an incorrect character in this position, such as a paren. |
| X222.313.2330A.NM105.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.313.2330A.NM106.010 | 07/01/2011 | | NM106 | Name Prefix | AN | 1-10 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.313.2330A.NM107.010 | 07/01/2011 | | NM107 | Other Insured Name Suffix | AN | 1-10 | S | | | | 999 | R | IK403 = I13: "Implementation Dependent "Not Used" Data Element Present" | If 2330A.NM102 is "2", 2330A.NM107 must not be present. | |
| X222.313.2330A.NM107.020 | 07/01/2011 | | NM107 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330A.NM107 must contain at least one non-space character. | |
| X222.313.2330A.NM107.030 | 07/01/2011 | | NM107 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2330A.NM107 must be 1 - 10 characters. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.313.2330A.NM107.040 | 07/01/2011 | | NM107 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 125: "Entity's Name" EIC: GB "Other Insured" | | |
| X222.313.2330A.NM107.050 | 07/01/2011 | | NM107 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330A.NM107 must be populated with accepted AN characters. | |
| X222.313.2330A.NM107.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.313.2330A.NM108.010 | 07/01/2011 | | NM108 | Identification Code Qualifier | ID | 1-2 | R | | | II, MI | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330A.NM108 must be present. | |
| X222.313.2330A.NM108.020 | 07/01/2011 | | NM108 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2330A.NM108 must be valid values. | |
| X222.313.2330A.NM109.010 | 07/01/2011 | | NM109 | Other Insured Identifier | AN | 2-80 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330A.NM109 must be present. | |
| X222.313.2330A.NM109.020 | 07/01/2011 | | NM109 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330A.NM109 must contain at least two non-space characters. | |
| X222.313.2330A.NM109.030 | 07/01/2011 | | NM109 | | | | | | | | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" | 2330A.NM109 must be 2-80 characters. | |
| X222.313.2330A.NM109.040 | 07/01/2011 | | NM109 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 153: "Entity's ID Number" EIC: GB "Other Insured" | | |
| X222.313.2330A.NM109.050 | 07/01/2011 | | NM109 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330A.NM109 must be populated with accepted AN characters. | |
| X222.313.2330A.NM109.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.313.2330A.NM110.010 | 07/01/2011 | | NM110 | Entity Relationship Code | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.313.2330A.NM111.010 | 07/01/2011 | | NM111 | Entity Identifier Code | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.313.2330A.NM112.010 | 07/01/2011 | | NM112 | Name Last or Organization Name | AN | 1-60 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.316.2330A.N3.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.316.2330A.N3.020 | 07/01/2011 | | N3 | OTHER SUBSCRIBER ADDRESS | | 1 | S | 2330A | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2330A.N3 is allowed. | |
| X222.316.2330A.N301.010 | 07/01/2011 | | N301 | Other Insured Address Line | AN | 1-55 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330A.N301 must be present. | |
| X222.316.2330A.N301.015 | 07/01/2011 | | N301 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330A.N301 must contain at least one non-space character. | |
| X222.316.2330A.N301.020 | 07/01/2011 | | N301 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2330A.N301 must be 1 - 55 characters. | |
| X222.316.2330A.N301.030 | 07/01/2011 | | N301 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 503: "Entity's Street address" EIC: GB "Other Insured" | | |
| X222.316.2330A.N301.040 | 07/01/2011 | | N301 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330A.N301 must be populated with accepted AN characters. | |
| X222.316.2330A.N301.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.316.2330A.N301.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.316.2330A.N302.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.316.2330A.N302.020 | 07/01/2011 | | N302 | Other Insured Address Line | AN | 1-55 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330A.N302 must contain at least one non-space character. | |
| X222.316.2330A.N302.030 | 07/01/2011 | | N302 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2330A.N302 must be 1 - 55 characters. | |
| X222.316.2330A.N302.040 | 07/01/2011 | | N302 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 503: "Entity's Street address" EIC: GB "Other Insured" | | |
| X222.316.2330A.N302.050 | 07/01/2011 | | N302 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330A.N302 must be populated with accepted AN characters. | |
| X222.316.2330A.N302.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.317.2330A.N4.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.317.2330A.N4.020 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222A1.020.2330A.N4.010 | 07/01/2011 | | N4 | OTHER SUBSCRIBER CITY/STATE/ZIP CODE | | 1 | S | 2330A | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2330A.N4 is allowed. | |
| X222.317.2330A.N401.010 | 07/01/2011 | | N401 | Other Subscriber City Name | AN | 2-30 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330A.N401 must be present. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.317.2330A.N401.020 | 07/01/2011 | | N401 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330A.N401 must contain at least two non-space characters. | |
| X222.317.2330A.N401.030 | 07/01/2011 | | N401 | | | | | | | | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" | 2330A.N401 must be 2-30 characters. | |
| X222.317.2330A.N401.040 | 07/01/2011 | | N401 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 502: "Entity's City" EIC: GB "Other Insured" | | |
| X222.317.2330A.N401.050 | 07/01/2011 | | N401 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330A.N401 must be populated with accepted AN characters. | |
| X222.317.2330A.N401.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.317.2330A.N402.010 | 07/01/2011 | | N402 | Other Subscriber State or Province Code | ID | 2-2 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2330A.N404 is not present, 2330A.N402 must be present. | |
| X222.317.2330A.N402.020 | 07/01/2011 | | N402 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 501: "Entity's State/Province" EIC: GB "Other Insured" | 2330A.N402 must be a valid State Code. | Valid State Code reference must be available for this edit. |
| X222.317.2330A.N403.010 | 07/01/2011 | | N403 | Other Subscriber Postal Code | ID | 3-15 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2330A.N404 is not present, 2330A.N403 must be present. | |
| X222.317.2330A.N403.020 | 07/01/2011 | | N403 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 500: "Entity's Postal/Zip Code" EIC: GB "Other Insured" | 2330A.N403 must be a valid postal/zip Code when N404 equals US or blank. | Valid Zip Code reference must be available for this edit. |
| X222.317.2330A.N404.010 | 07/01/2011 | | N404 | Other Subscriber Country code | ID | 2-3 | S | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 680: "Entity's Country" EIC: GB "Other Insured" | 2330A.N404 must be a valid 2 character Country Code. | Valid alpha-2 Country Code reference must be available for this edit. (from Part 1 of ISO 3166) |
| X222.317.2330A.N405.010 | 07/01/2011 | | N405 | Location Qualifier | ID | 1-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.317.2330A.N406.010 | 07/01/2011 | | N406 | Location Identifier | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.317.2330A.N407.010 | 07/01/2011 | | N407 | Country Subdivision Code | ID | 1-3 | S | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 695: "Entity's Country Subdivision Code" EIC: GB "Other Insured" | 2330A.N407 must be a valid Country Subdivision Code. | Valid Country Subdivision Code reference must be available for this edit. (from Part 2 of ISO 3166) |
| X222.319.2330A.REF.010 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.319.2330A.REF.020 | 07/01/2011 | | REF | OTHER SUBSCRIBER SECONDARY IDENTIFICATION | | 1 | S | 2330A | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2330A.REF is allowed. | |
| X222.319.2330A.REF01.010 | 07/01/2011 | | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | SY | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330A.REF01 must be present. | |
| X222.319.2330A.REF01.020 | 07/01/2011 | | REF01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2310A.REF01 must be "SY". | |
| X222.319.2330A.REF02.010 | 07/01/2011 | | REF02 | Other Insured Additional Identifier | AN | 1-50 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330A.REF02 must be present. | |
| X222.319.2330A.REF02.020 | 07/01/2011 | | REF02 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 148: "Entity's Social Security Number" EIC: GB "Other Insured" | 2330A.REF02 must be 9 digits, with no punctuation. The first 3 digits cannot be higher than 772, and digits 1-3, 4-5, and 6-9 cannot be zeroes. | |
| X222.319.2330A.REF03.010 | 07/01/2011 | | REF03 | Description | AN | 1-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.319.2330A.REF04.010 | 07/01/2011 | | REF04 | REFERENCE IDENTIFIER | | | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.320.2330A.NM1.010 | 7/1/2011 revised 7/1/2017 | | NM1 | OTHER PAYER NAME | | 1 | R | 2330B | 1 | | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | Per Payer, if 2320.SBR is present, 2330B.NM1 must be present. | |
| X222.320.2330B.NM1.020 | 7/1/2011 revised 7/1/2017 | | NM1 | | | 1 | R | | | | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Per Payer, only one iteration of 2330B.NM1 is allowed. | |
| X222.320.2330B.NM101.010 | 07/01/2011 Revised 01/06/2020 | | NM101 | Entity Identifier Code | ID | 2-3 | R | | | PR | 999 | R | IK304 = 2: "Unexpected segment" | 2330B.NM101 must be present and a valid value. | |
| X222.320.2330B.NM101.020 Edit Deactivated | 07/01/2011 | 01/06/2020 | | | | | | | | | | | | | |
| X222.320.2330B.NM102.010 | 07/01/2011 | | NM102 | Entity Type Qualifier | ID | 1-1 | R | | | 2 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330B.NM102 must be present. | |
| X222.320.2330B.NM102.020 | 07/01/2011 | | NM102 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2330B.NM102 must be "2". | |
| X222.320.2330B.NM103.010 | 07/01/2011 | | NM103 | Other Payer Last or Organization Name | AN | 1-60 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330B.NM103 must be present. | |
| X222.320.2330B.NM103.020 | 07/01/2011 | | NM103 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330B.NM103 must contain at least one non-space character. | |
| X222.320.2330B.NM103.030 | 07/01/2011 | | NM103 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2300B.NM103 must be 1 - 60 characters. | |
| X222.320.2330B.NM103.040 | 07/01/2011 | | NM103 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 504: "Entity's Last Name" CSC 286: Other payer's Explanation of Benefits/payment information EIC: PR "Payer" | | |
| X222.320.2330B.NM103.050 | 07/01/2011 | | NM103 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330B.NM103 must be populated with accepted AN characters. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.320.2330B.NM103.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.320.2330B.NM104.010 | 07/01/2011 | | NM104 | Name First | AN | 1-35 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.320.2330B.NM105.010 | 07/01/2011 | | NM105 | Name Middle | AN | 1-25 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.320.2330B.NM106.010 | 07/01/2011 | | NM106 | Name Prefix | AN | 1-10 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.320.2330B.NM107.010 | 07/01/2011 | | NM107 | Name Suffix | AN | 1-10 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.320.2330B.NM108.010 | 07/01/2011 | | NM108 | Identification Code Qualifier | ID | 1-2 | R | | | PI, XV | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330B.NM108 must be present. | |
| X222.320.2330B.NM108.020 | 07/01/2011 | | NM108 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2330B.NM108 must be valid values. | |
| X222.320.2330B.NM109.010 | 07/01/2011 | | NM109 | Other Payer Primary Identifier | AN | 2-80 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330B.NM109 must be present. | |
| X222.320.2330B.NM109.030 | 07/01/2011 | | NM109 | | | | | | | | 999 | R | IK403 = I12: "Implementation Pattern Match Failure" | When sending Line Adjudication Information for this payer, 2330B.NM109 must = 2430.SVD01. | |
| X222.320.2330B.NM110.010 | 07/01/2011 | | NM110 | Entity Relationship Code | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.320.2330B.NM111.010 | 07/01/2011 | | NM111 | Entity Identifier Code | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.320.2330B.NM112.010 | 07/01/2011 | | NM112 | Name Last or Organization Name | AN | 1-60 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.322.2330B.N3.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.322.2330B.N3.020 | 07/01/2011 | | N3 | OTHER PAYER ADDRESS | | 1 | S | 2330B | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | | |
| X222.322.2330B.N301.010 | 07/01/2011 | | N301 | Other Payer Address Line | AN | 1-55 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330B.N301 must be present. | |
| X222.322.2330B.N301.020 | 07/01/2011 | | N301 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330B.N301 must contain at least one non-space character. | |
| X222.322.2330B.N301.030 | 07/01/2011 | | N301 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2330B.N301 must be 1 - 55 characters. | |
| X222.322.2330B.N301.040 | 07/01/2011 | | N301 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 503: "Entity's Street address" CSC 286: Other payer's Explanation of Benefits/payment information EIC: PR "Payer" | | |
| X222.322.2330B.N301.050 | 07/01/2011 | | N301 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330B.N301 must be populated with accepted AN characters. | |
| X222.322.2330B.N301.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.322.2330B.N302.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.322.2330B.N302.020 | 07/01/2011 | | N302 | Other Payer Address Line | AN | 1-55 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330B.N302 must contain at least one non-space character. | |
| X222.322.2330B.N302.030 | 07/01/2011 | | N302 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2330B.N302 must be 1 - 55 characters. | |
| X222.322.2330B.N302.040 | 07/01/2011 | | N302 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 503: "Entity's Street address" CSC 286: Other payer's Explanation of Benefits/payment information EIC: PR "Payer" | | |
| X222.322.2330B.N302.050 | 07/01/2011 | | N302 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330B.N302 must be populated with accepted AN characters. | |
| X222.322.2330B.N302.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.323.2330B.N4.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.323.2330B.N4.020 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222A1.021.2330B.N4.010 | 07/01/2011 | | N4 | OTHER PAYER CITY/STATE/ZIP CODE | | 1 | S | 2330B | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2330B.N4 is allowed. | |
| X222.323.2330B.N401.010 | 07/01/2011 | | N401 | Other Payer City Name | AN | 2-30 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330B.N401 must be present. | |
| X222.323.2330B.N401.020 | 07/01/2011 | | N401 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330B.N401 must contain at least two non-space characters. | |
| X222.323.2330B.N401.030 | 07/01/2011 | | N401 | | | | | | | | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" | 2330B.N401 must be 2-30 characters. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.323.2330B.N401.040 | 07/01/2011 | | N401 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 502: "Entity's City" CSC 286: Other payer's Explanation of Benefits/payment information EIC: PR "Payer" | | |
| X222.323.2330B.N401.050 | 07/01/2011 | | N401 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330B.N401 must be populated with accepted AN characters. | |
| X222.323.2330B.N401.060 Edit Deactivated | 07/01/2011 | **07/01/2011** | | | | | | | | | | | | | |
| X222.323.2330B.N402.010 | 07/01/2011 | | N402 | Other Payer State or Province Code | ID | 2-2 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2330B.N404 is not present, 2330B.N402 must be present. | |
| X222.323.2330B.N402.020 | 07/01/2011 | | N402 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 501: "Entity's State/Province" CSC 286: Other payer's Explanation of Benefits/payment information EIC: PR "Payer" | 2330B.N402 must be a valid State Code. | Valid State Code reference must be available for this edit. |
| X222.323.2330B.N403.010 | 07/01/2011 | | N403 | Other Payer Postal Code | ID | 3-15 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2330B.N404 is not present, 2330B.N403 must be present. | |
| X222.323.2330B.N403.020 | 7/1/2011 Revised 4/1/16 | | N403 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 500: "Entity's Postal/Zip Code" CSC 286: Other payer's Explanation of Benefits/payment information EIC: PR "Payer" | 2330B.N403 must be a valid Zip Code when N404 is US or blank. | Valid Zip Code reference must be available for this edit. |
| X222.323.2330B.N404.010 | 07/01/2011 | **04/01/2016** | | | | | | | | | | | | | |
| X222.323.2330B.N404.020 | 04/01/2016 | | N404 | Other Payer Country Code | ID | 2-3 | S | | | | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 680: "Entity's Country" CSC 286: Other payer's Explanation of Benefits/payment information | 2330B.N404 must be a valid 2 character Country Code. | |
| X222.323.2330B.N405.010 | 07/01/2011 | | N405 | Location Qualifier | ID | 1-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.323.2330B.N406.010 | 07/01/2011 | | N406 | Location Identifier | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.323.2330B.N407.005 | 07/01/2011 | **04/01/2016** | | | | | | | | | | | | | |
| X222.323.2330B.N407.010 | 04/01/2016 | | N407 | Country Subdivision Code | ID | 1-3 | S | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 695: "Entity's Country Subdivision Code" CSC 286: Other payer's Explanation of Benefits/payment information | 2330B.N407 must be a valid Country Subdivision Code. | |
| X222.325.2330B.DTP.010 Edit Deactivated | 07/01/2011 | **10/03/2011** | | | | | | | | | | | | | |
| X222.325.2330B.DTP.020 | 7/1/2011 revised 7/1/2017 | | DTP | DATE - CLAIM CHECK OR REMITTANCE DATE | | 1 | S | 2330B | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Per Payer, only one iteration of 2330B.DTP is allowed. | |
| X222.325.2330B.DTP.030 | 7/1/2011 revised 7/1/2017 | | DTP | | | | | | | | 999 | R | IK304 = 2: "Unexpected Segment" | Per Payer, if 2330B.NM1 is present and 2430.DTP with DTP01 = "573" is not present, 2330B.DTP may be present. | |
| X222.325.2330B.DTP01.010 | 07/01/2011 | | DTP01 | Date Time Qualifier | ID | 3-3 | R | | | 573 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330B.DTP01 must be present. | |
| X222.325.2330B.DTP01.020 | 07/01/2011 | | DTP01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2330B.DTP01 must be "573". | |
| X222.325.2330B.DTP02.010 | 07/01/2011 | | DTP02 | Date Time Period Format Qualifier | ID | 2-3 | R | | | D8 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330B.DTP02 must be present. | |
| X222.325.2330B.DTP02.020 | 07/01/2011 | | DTP02 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2330B.DTP02 must be "D8". | |
| X222.325.2330B.DTP03.010 | 07/01/2011 | | DTP03 | Adjudication or Payment Date | AN | 1-35 | R | | | CCYYMMDD | 999 | R | IK403 = 8: "Invalid Date" | 2330B.DTP03 must a valid date in CCYYMMDD format. | |
| X222.325.2330B.DTP03.020 | 07/01/2011 | | DTP03 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 510: "Future date" CSC 516 "Adjudication or Payment Date" | 2330B.DTP03 must not be a future date. | |
| X222.326.2330B.REF.010 Edit Deactivated | 07/01/2011 | **10/01/2012** | | | | | | | | | | | | | |
| X222.326.2330B.REF.020 | 07/01/2011 | | REF | OTHER PAYER SECONDARY IDENTIFICATION | | 2 | S | 2330B | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only two iterations of 2330B.REF with 2330B.REF01 = "2U", "EI", "FY" or "NF" are allowed. | |
| X222.326.2330B.REF01.010 | 07/01/2011 | | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | 2U, EI, FY, NF | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330B.REF01 must be present. | |
| X222.326.2330B.REF01.020 | 07/01/2011 | | REF01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2330B.REF01 must be valid values. | |
| X222.326.2330B.REF02.010 | 07/01/2011 | | REF02 | Other Payer Secondary Identifier | AN | 1-50 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330B.REF02 must be present. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.326.2330B.REF02.020 | 07/01/2011 | | REF02 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 128: "Entity's tax id" CSC 286: Other payer's Explanation of Benefits/payment information EIC: PR "Payer" | If 2330B.REF01 = "EI", 2330B.REF02 must be 9 digits with no punctuation. Cannot be zeroes. | |
| X222.326.2330B.REF02.030 | 07/01/2011 | | REF02 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | If 2330B.REF01 = "2U", "FY" or "NF", 2330B.REF02 must be must be 1 - 50 characters. | |
| X222.326.2330B.REF02.035 | 07/01/2011 | | REF02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 128: "Entity's tax id" CSC 286: Other payer's Explanation of Benefits/payment information EIC: PR "Payer" | | |
| X222.326.2330B.REF02.040 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | If 2330B.REF01 = "2U", "FY" or "NF", 2330B.REF02 must be populated with accepted AN characters. | |
| X222.326.2330B.REF02.045 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.f.326.2330B.REF02.050 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | If 2330B.REF01 = "2U", "FY" or "NF", 2330B.REF02 must contain at least one non-space character. | |
| X222.326.2330B.REF03.010 | 07/01/2011 | | REF03 | Description | AN | 1-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.326.2330B.REF04.010 | 07/01/2011 | | REF04 | REFERENCE IDENTIFIER | | | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.328.2330B.REF.010 Edit Deactivated | 07/01/2011 | 10/01/2012 | | | | | | | | | | | | | |
| X222.328.2330B.REF.020 | 07/01/2011 | | REF | OTHER PAYER PRIOR AUTHORIZATION | | 2 | S | 2330B | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2330B.REF with REF01 = "G1" is allowed. | |
| X222.328.2330B.REF01.010 | 07/01/2011 | | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | G1 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330B.REF01 must be present. | |
| X222.328.2330B.REF01.020 | 07/01/2011 | | REF01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2330B.REF01 must be "G1". | |
| X222.328.2330B.REF02.010 | 07/01/2011 | | REF02 | Other Payer Prior Authorization Number | AN | 1-50 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330B.REF02 must be present. | |
| X222.328.2330B.REF02.020 | 07/01/2011 | | REF02 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2330B.REF02 must be 1 - 50 characters. | |
| X222.328.2330B.REF02.025 | 07/01/2011 | | REF02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 252: "Entity's authorization/certification number" EIC: PR "Payer" | | |
| X222.328.2330B.REF02.030 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330B.REF02 must be populated with accepted AN characters. | |
| X222.328.2330B.REF02.040 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.328.2330B.REF02.050 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330B.REF02 must contain at least one non-space character. | |
| X222.328.2330B.REF03.010 | 07/01/2011 | | REF03 | Description | AN | 1-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.328.2330B.REF04.010 | 07/01/2011 | | REF04 | REFERENCE IDENTIFIER | | | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.329.2330B.REF.010 Edit Deactivated | 07/01/2011 | 10/01/2012 | | | | | | | | | | | | | |
| X222.329.2330B.REF.020 | 07/01/2011 | | REF | OTHER PAYER REFERRAL NUMBER | | 1 | S | 2330B | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2330B.REF with REF01 = "9F" is allowed. | |
| X222.329.2330B.REF01.010 | 07/01/2011 | | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | 9F | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330B.REF01 must be present. | |
| X222.329.2330B.REF01.020 | 07/01/2011 | | REF01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2330B.REF01 must be "9F". | |
| X222.329.2330B.REF02.010 | 07/01/2011 | | REF02 | Other Payer Referral Number | AN | 1-50 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330B.REF02 must be present. | |
| X222.329.2330B.REF02.020 | 07/01/2011 | | REF02 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2330B.REF02 must be 1 - 50 characters. | |
| X222.329.2330B.REF02.025 | 07/01/2011 | | REF02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 761: "Entity's referral number" EIC: PR "Payer" | | |
| X222.329.2330B.REF02.030 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330B.REF02 must be populated with accepted AN characters. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.329.2330B.REF02.040 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.329.2330B.REF02.050 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330B.REF02 must contain at least one non-space character. | |
| X222.329.2330B.REF03.010 | 07/01/2011 | | REF03 | Description | AN | 1-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.329.2330B.REF04.010 | 07/01/2011 | | REF04 | REFERENCE IDENTIFIER | | | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.330.2330B.REF.010 Edit Deactivated | 07/01/2011 | 10/01/2012 | | | | | | | | | | | | | |
| X222.330.2330B.REF.020 | 07/01/2011 | | REF | OTHER PAYER CLAIM ADJUSTMENT INDICATOR | | 1 | S | 2330B | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2330B.REF with REF01 = "T4" is allowed. | |
| X222.330.2330B.REF01.010 | 07/01/2011 | | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | T4 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330B.REF01 must be present. | |
| X222.330.2330B.REF01.020 | 07/01/2011 | | REF01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2330B.REF01 must be "T4". | |
| X222.330.2330B.REF02.010 | 07/01/2011 | | REF02 | Other Payer Claim Adjustment Indicator | AN | 1-50 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330B.REF02 must be present. | |
| X222.330.2330B.REF02.020 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2330B.REF02 must be "Y". | |
| X222.330.2330B.REF03.010 | 07/01/2011 | | REF03 | Description | AN | 1-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.330.2330B.REF04.010 | 07/01/2011 | | REF04 | REFERENCE IDENTIFIER | | | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.331.2330B.REF.010 Edit Deactivated | 07/01/2011 | 10/01/2012 | | | | | | | | | | | | | |
| X222.331.2330B.REF.020 | 07/01/2011 | | REF | OTHER PAYER CLAIM CONTROL NUMBER | | 1 | S | 2330B | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2330B.REF with REF01 = "F8" is allowed. | |
| X222.331.2330B.REF01.010 | 07/01/2011 | | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | F8 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330B.REF01 must be present. | |
| X222.331.2330B.REF01.020 | 07/01/2011 | | REF01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2330B.REF01 must be "F8". | |
| X222.331.2330B.REF02.010 | 07/01/2011 | | REF02 | Other Payer Claim Control Number | AN | 1-50 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2330B.REF02 must be present. | |
| X222.331.2330B.REF02.020 | 07/01/2011 | | REF02 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2330B.REF02 must be 1 - 50 characters. | |
| X222.331.2330B.REF02.025 | 07/01/2011 | | | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 464: "Payer Assigned Claim Control Number" CSC 286: Other payer's Explanation of Benefits/payment information | | |
| X222.331.2330B.REF02.030 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330B.REF02 must be populated with accepted AN characters. | |
| X222.331.2330B.REF02.040 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.331.2330B.REF02.050 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2330B.REF02 must contain at least one non-space character. | |
| X222.331.2330B.REF03.010 | 07/01/2011 | | REF03 | Description | AN | 1-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.331.2330B.REF04.010 | 07/01/2011 | | REF04 | REFERENCE IDENTIFIER | | | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.332.2330C..010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.332.2330C.NM1.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.332.2330C.NM1.020 | 07/01/2011 | | NM1 | OTHER PAYER REFERRING PROVIDER | | 1 | S | 2330C | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 562: "Entity's National Provider Identifier (NPI)." EIC: DN "Referring Provider" | Segment must not be present. | 01/20: Companion Guide Note needed. |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.334.2330C.REF.010 | 07/01/2011 | | REF | OTHER PAYER REFERRING PROVIDER SECONDARY IDENTIFIER | | 3 | R | 2330C | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: DN "Referring Provider" | 2330C.REF must not be present. | 01/20: Companion Guide Note needed. |
| X222.336.2330D..010 Edit Deactivated | 07/01/2011 | **07/01/2011** | | | | | | | | | | | | | |
| X222.336.2330D.NM1.010 | 07/01/2011 | | NM1 | OTHER PAYER RENDERING PROVIDER | | 1 | S | 2330D | 1 | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 562: "Entity's National Provider Identifier (NPI)." EIC: 82 "Rendering Provider" | Segment must not be present. | 01/20: Companion Guide Note needed. |
| X222.338.2330D.REF.010 | 07/01/2011 | | REF | OTHER PAYER RENDERING PROVIDER SECONDARY IDENTIFICATION | | 3 | R | 2330D | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: 82 "Rendering Provider" | 2330D.REF must not be present. | 01/20: Companion Guide Note needed. |
| X222.340.2330E..010 Edit Deactivated | 07/01/2011 | **07/01/2011** | | | | | | | | | | | | | |
| X222.340.2330E.NM1.010 | 07/01/2011 | | NM1 | OTHER PAYER SERVICE FACILITY LOCATION | | 1 | S | 2330E | 1 | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 562: "Entity's National Provider Identifier (NPI)." EIC: 77 "Service Location" | Segment must not be present. | 01/20: Companion Guide Note needed. |
| X222.342.2330E.REF.010 | 07/01/2011 | | REF | OTHER PAYER SERVICE FACILITY LOCATION SECONDARY IDENTIFIER | | 3 | R | 2330E | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: 77 "Service Location" | 2330E.REF must not be present. | 01/20: Companion Guide Note needed. |
| X222.343.2330F..010 Edit Deactivated | 07/01/2011 | **07/01/2011** | | | | | | | | | | | | | |
| X222.343.2330F.NM1.010 | 07/01/2011 | | NM1 | OTHER PAYER SUPERVISING PROVIDER | | 1 | S | 2330F | 1 | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 562: "Entity's National Provider Identifier (NPI)." EIC: DQ "Supervising Physician" | Segment must not be present. | 01/20: Companion Guide Note needed. |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.345.2330F.REF.010 | 07/01/2011 | | REF | OTHER PAYER SUPERVISING PROVIDER SECONDARY IDENTIFICATION | | 3 | R | 2330F | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: DQ "Supervising Physician" | 2330F.REF must not be present. | 01/20: Companion Guide Note needed. |
| X222.347.2330G..010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.347.2330G.NM1.010 | 07/01/2011 | | NM1 | OTHER PAYER BILLING PROVIDER | | 1 | S | 2330G | 1 | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 562: "Entity's National Provider Identifier (NPI)." EIC: 85 "Billing Provider" | Segment must not be present. | 01/20: Companion Guide Note needed. |
| X222.349.2330G.REF.010 | 07/01/2011 | | REF | OTHER PAYER BILLING PROVIDER SECONDARY IDENTIFICATION | | 2 | R | 2330G | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: 85 "Billing Provider" | 2330G.REF must not be present. | 01/20: Companion Guide Note needed. |
| X222.350.2400.Line Loop.010 | 07/01/2011 | | Line Loop | Service Line Loop | | | | 2400 | 50 | | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only fifty iterations of the 2400 loop are allowed. | |
| X222.350.2400.LX.010 | 07/01/2011 | | LX | SERVICE LINE | | 1 | R | 2400 | | | 999 | R | IK304 = 3: "Required Segment Missing" | 2400.LX must be present. | |
| X222.350.2400.LX.020 | 07/01/2011 | | LX | | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2400.LX is allowed. | |
| X222.350.2400.LX01.010 | 07/01/2011 | | LX01 | Assigned Number | N0 | 1-6 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.LX01 must be present. | |
| X222.350.2400.LX01.020 | 07/01/2011 | | LX01 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.LX01 must be numeric. | |
| X222.350.2400.LX01.030 | 07/01/2011 | | LX01 | | | | | | | | 999 | R | IK403 = I12: "Implementation Pattern Match Failure" | 2400.LX01 must be must be > 0 and <= 50. | |
| X222.350.2400.LX01.040 | 07/01/2011 | | LX01 | | | | | | | | 999 | R | IK403 = I12: "Implementation Pattern Match Failure" | The first 2400.LX01 must be "1". | |
| X222.350.2400.LX01.050 | 07/01/2011 | | LX01 | | | | | | | | 999 | R | IK403 = I12: "Implementation Pattern Match Failure" | Subsequent 2400.LX01 values must increment by 1. | |
| X222.351.2400.SV1.010 | 07/01/2011 | | SV1 | PROFESSIONAL SERVICE | | 1 | R | 2400 | | | 999 | R | IK304 = 3: "Required Segment Missing" | 2400.SV1 must be present. | |
| X222.351.2400.SV1.020 | 07/01/2011 | | SV1 | | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2400.SV1 is allowed. | |
| X222.351.2400.SV101.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.351.2400.SV101-1.010 | 07/01/2011 | | SV101-1 | Product or Service ID Qualifier | ID | 2-2 | R | | | ER, HC, IV, WK | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.SV101-1 must be present. | |
| X222.351.2400.SV101-1.020 | 07/01/2011 | | SV101-1 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.SV101-1 must be "HC". | |
| X222.351.2400.SV101-2.010 | 07/01/2011 | | SV101-2 | Procedure Code | AN | 1-48 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.SV101-2 must be present. | |
| X222.351.2400.SV101-2.020 | 07/01/2011 | | SV101-2 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 507: "HCPCS" | When 2400.SV101-1 = "HC", 2400.SV101-2 must be a valid HCPCS Code on the date in 2400.DTP03 when DTP01 = "472". | Valid CMS Proprietary HCPCS reference must be available for this edit. |
| X222.351.2400.SV101-2.030 | 07/01/2011 | | SV101-2 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 507: "HCPCS" | When 2400.SV101-1 = "HC", 2400.SV101-2 must be a valid HCPCS Code on the date in 2400.DTP03 when DTP01 = "472". OR When 2400.SV101-1 = "HC", 2400.SV101-2 must be a valid HCPCS Code from the DME subset on the date in 2400.DTP03 when DTP01 = "472". | 12/16: Fallback edits: used only if primary edit above is determined to be unworkable. Review this before finalizing. Valid HCPCS reference must be available for this edit (full external code list). |
| X222.351.2400.SV101-3.010 | 07/01/2011 | | SV101-3 | Procedure Modifier | AN | 2-2 | S | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered" | 2400.SV101-3 must be valid procedure modifier on the date in 2400.DTP03 when DTP01 = "472". | Valid CMS Proprietary Procedure Code Modifier to Procedure Code reference must be available for this edit. |
| X222.351.2400.SV101-3.020 | 07/01/2011 | | SV101-3 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered" | 2400.SV101-3 must be valid procedure modifier on the date in 2400.DTP03 when DTP01 = "472". | 12/16: Fallback edits: used only if primary edit above is determined to be unworkable. Review this before finalizing. Valid Procedure Code Modifier reference must be available for this edit (full external code list). |
| X222.351.2400.SV101-3.030 | 07/01/2011 | | SV101-3 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 544: "Clinical Laboratory Improvement Amendment" | If 2400.SV101-3 = "90" 2400.REF with REF01 = "F4" must be present. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.351.2400.SV101-3.040 | 04/01/2015 | | SV101-3 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered" | The procedure code modifiers in SV101 must not be duplicated within the same detail service line. | Valid CMS Proprietary Procedure Code Modifier to Procedure Code reference must be available for this edit. |
| X222.351.2400.SV101-3.050 | 07/01/2016 | | SV101-3 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 111: "At the policyholder's request these claims cannot be submitted electronically." | 2400.SV101-3 cannot be equal to "EX. | Expatirate Beneficiary Claims allowed on Paper Only |
| X222.351.2400.SV101-4.010 | 07/01/2011 | | SV101-4 | Procedure Modifier | AN | 2-2 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2400.SV101-4 is present, 2400.SV101-3 must be present. | |
| X222.351.2400.SV101-4.020 | 07/01/2011 | | SV101-4 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered" | 2400.SV101-4 must be valid procedure modifier on the date in 2400.DTP03 when DTP01 = "472". | |
| X222.351.2400.SV101-4.030 | 07/01/2011 | | SV101-4 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 544: "Clinical Laboratory Improvement Amendment" | If 2400.SV101-4 = "90" 2400.REF with REF01 = "F4" must be present. | Valid CMS Proprietary Procedure Code Modifier to Procedure Code reference must be available for this edit. |
| X222.351.2400.SV101-4.040 | 07/01/2016 | | SV101-4 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 111: "At the policyholder's request these claims cannot be submitted electronically." | 2400.SV101-4 cannot be equal to "EX". | Expatirate Beneficiary Claims allowed on Paper Only |
| X222.351.2400.SV101-5.010 | 07/01/2011 | | SV101-5 | Procedure Modifier | AN | 2-2 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2400.SV101-5 is present, 2400.SV101-4 must be present. | |
| X222.351.2400.SV101-5.020 | 07/01/2011 | | SV101-5 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered" | 2400.SV101-5 must be valid procedure modifier on the date in 2400.DTP03 when DTP01 = "472". | |
| X222.351.2400.SV101-5.030 | 07/01/2011 | | SV101-5 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 544: "Clinical Laboratory Improvement Amendment" | If 2400.SV101-5 = "90" 2400.REF with REF01 = "F4" must be present. | Valid CMS Proprietary Procedure Code Modifier to Procedure Code reference must be available for this edit. |
| X222.351.2400.SV101-5.040 | 07/01/2016 | | SV101-4 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 111: "At the policyholder's request these claims cannot be submitted electronically." | 2400.SV101-5 cannot be equal to "EX". | Expatirate Beneficiary Claims allowed on Paper Only |
| X222.351.2400.SV101-6.010 | 07/01/2011 | | SV101-6 | Procedure Modifier | AN | 2-2 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2400.SV101-6 is present, 2400.SV101-5 must be present. | |
| X222.351.2400.SV101-6.020 | 07/01/2011 | | SV101-6 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered" | 2400.SV101-6 must be valid procedure modifier on the date in 2400.DTP03 when DTP01 = "472". | |
| X222.351.2400.SV101-6.030 | 07/01/2011 | | SV101-6 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 544: "Clinical Laboratory Improvement Amendment" | If 2400.SV101-6 = "90" 2400.REF with REF01 = "F4" must be present. | Valid CMS Proprietary table of Procedure Codes that require a description must be available for this edit. |
| X222.351.2400.SV101-6.040 | 07/01/2016 | | SV101-6 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 111: "At the policyholder's request these claims cannot be submitted electronically." | 2400.SV101-6 cannot be equal to "EX". | Expatirate Beneficiary Claims allowed on Paper Only |
| X222.351.2400.SV101-7.010 | 07/01/2011 | | SV101-7 | Description | AN | 1-80 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.SV101-7 must contain at least one non-space character. | |
| X222.351.2400.SV101-7.020 | 07/01/2011 | | SV101-7 | | | | | | | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error" CSC 306 Detailed description of service | 2400.SV101-7 must be present. when 2400.SV101-2 is associated with a proc option of "JK. | |
| X222.351.2400.SV101-7.030 | 07/01/2011 | | SV101-7 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2400.SV101-7 must be 1 - 80 characters. | |
| X222.351.2400.SV101-7.040 | 07/01/2011 | | SV101-7 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 306 Detailed description of service | | |
| X222.351.2400.SV101-7.050 | 07/01/2011 | | SV101-7 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.SV101-7 must be populated with accepted AN characters. | |
| X222.351.2400.SV101-7.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.351.2400.SV101-8.010 | 07/01/2011 | | SV101-8 | Product/Service ID | AN | 1-48 | N/U | | | | 999 | R | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.351.2400.SV102.010 | 07/01/2011 | | SV102 | Line Item Charge Amount | R | 1-18 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.SV102 must be present. | 11/25: Medicare specific limitation. 1/20: Companion Guide Note needed. |
| X222.351.2400.SV102.020 | 07/01/2011 | | SV102 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.SV102 must be numeric. | |
| X222.351.2400.SV102.025 | 07/01/2011 | | SV102 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2400.SV102 must be <= 99,999.99. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.351.2400.SV102.030 | 07/01/2011 | | SV102 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 583: "Line Item Charge Amount" | | |
| X222.351.2400.SV102.040 | 07/01/2011 | | SV102 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 693: "Amount must be greater than or equal to zero" CSC 583: "Line Item Charge Amount" | 2400.SV102 must be >= 0 | |
| X222.351.2400.SV102.050 | 07/01/2011 | | SV102 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 697: "Invalid Decimal Precision" CSC 583: "Line Item Charge Amount" | 2400.SV102 is limited to 0, 1 or 2 decimal positions. | Need companion guide note stating that Medicare can only accept one payer prior to Medicare and any claim with more than one prior payer must be submitted on paper. |
| X222.351.2400.SV102.060 | 07/01/2011 | | SV102 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 400: "Claim is out of balance: CSC 583:"Line Item Charge Amount" CSC 643: "Service Line Paid Amount" | SV102 must = the sum of all payer amounts paid found in 2430 SVD02 and the sum of all line adjustments found in 2430 CAS Adjustment Amounts. | |
| X222.351.2400.SV103.010 | 07/01/2011 | | SV103 | Unit or Basis for Measurement Code | ID | 2-2 | R | | | MJ, UN | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.SV103 must be present. | Valid CMS Proprietary table of Anesthesia Modifiers must be available for this edit. |
| X222.351.2400.SV103.020 | 07/01/2011 | | SV103 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 659: "Unit or Basis for Measurement Code. | 2400.SV103 must be "UN". | |
| X222.351.2400.SV104.010 | 07/01/2011 | | SV104 | Service Unit Count | R | 1-15 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.SV104 must be present. | |
| X222.351.2400.SV104.020 | 07/01/2011 | | SV104 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.SV104 must be numeric. | |
| X222.351.2400.SV104.025 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.351.2400.SV104.030 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.351.2400.SV104.035 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.351.2400.SV104.040 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.351.2400.SV104.045 | 7/1/2011 Revised 1/1/17 | | SV104 | | | | | | | | 999 | R | IK403 = 5: "Data Element Too Long" | 2400.SV104 must be 1-8 digits and limited to 0, 1, 2, or 3 decimal positions. | |
| X222.351.2400.SV104.050 | 7/1/2011 Revised 1/1/17 | | SV104 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 476: "Missing or invalid units of service" | If 2400.SV103 = "UN", 2400.SV104 must be > 0 and <= 9,999.9. | 12/16: Medicare specific limitation. Companion Guide Note needed. |
| X222.351.2400.SV104.055 | 07/01/2011 | 01/01/2017 | | | | | | | | | | | | | |
| X222.351.2400.SV104.060 | 07/01/2011 | 01/01/2017 | | | | | | | | | | | | | |
| X222.351.2400.SV104.070 | 07/01/2011 | | SV104 | | | | | | | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error" CSC 476: "Missing or invalid units of service" CSC 454: Procedure code for services rendered. | When 2400.SV101-2 is associated with a proc option of "DR" or "PP", 2400.SV104 must be "1" or "2". | |
| X222.351.2400.SV104.080 | 07/01/2011 | 07/03/2017 | SV104 | | | | | | | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error" CSC 476: "Missing or invalid units of service" CSC 454: Procedure code for services rendered. | When 2400.SV101-2 is associated with a proc option of "DR" or "PP" and 2400.SV104 = "2", one of 2400.SV101-3, SV101-4, SV101-5 or SV101-6 must = "RT" and one must = "LT". | Valid Place of Service reference must be available for this edit. OR Valid CMS Proprietary Place of Service Code to Procedure Code reference must be available for this edit. |
| X222.351.2400.SV105.010 | 07/01/2011 | | SV105 | Place of Service Code | AN | 1-2 | S | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 249: "Place of service" | 2400.SV105 must be a valid Place of Service Code on the date in GS04. | |
| X222.351.2400.SV106.010 | 07/01/2011 | | SV106 | Service Type Code | ID | 1-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.351.2400.SV107.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.351.2400.SV107-1.010 | 07/01/2011 | | SV107-1 | Diagnosis Code Pointer | N0 | 1-2 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.SV107-1 must be present. | |
| X222.351.2400.SV107-1.020 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.351.2400.SV107-1.030 | 07/01/2011 | | SV107-1 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 477: "Diagnosis code pointer is missing or invalid" | 2400.SV107-1 must be >= 1 and <= 12. | |
| X222.351.2400.SV107-1.040 | 07/01/2011 | | SV107-1 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 477: "Diagnosis code pointer is missing or invalid" | There must be a corresponding diagnosis code in 2300.HI where HI01-1 is "ABK" or "BK" for the pointer value entered. Example 1: if 2400.SV107-1 = 3, when 2300.HI01-1 with "BK" or "ABK", 2300.HI03-2 must be populated. Example 2: if 2400.SV107-1 = 5, when 2300.HI01-1 with "BK" or "ABK", 2300.HI05-2 must be populated. | |
| X222.351.2400.SV107-1.050 | 01/01/2018 | | SV107-1 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 477: "Diagnosis code pointer is missing or invalid" | The Diagnosis code Pointers in SV107-1 thru SV107-4 must not be duplicated within the same detail service line. | |
| X222.351.2400.SV107-2.010 Edit Deactivated | 07/01/2011 | 01/01/2012 | | | | | | | | | | | | | |
| X222.351.2400.SV107-2.015 Edit Deactivated | 01/01/2012 | 10/01/2012 | | | | | | | | | | | | | |
| X222.351.2400.SV107-2.020 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.351.2400.SV107-2.030 | 07/01/2011 | | SV107-2 | Diagnosis Code Pointer | N0 | 1-2 | S | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 477: "Diagnosis code pointer is missing or invalid" | 2400.SV107-2 must be >= 1 and <= 12. | |
| X222.351.2400.SV107-2.040 | 07/01/2011 | | SV107-2 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 477: "Diagnosis code pointer is missing or invalid" | There must be a corresponding diagnosis code in 2300.HI where HI01-1 is "ABK" or "BK" for the pointer value entered. Example 1: if 2400.SV107-1 = 3, when 2300.HI01-1 with "BK" or "ABK", 2300.HI03-2 must be populated. Example 2: if 2400.SV107-1 = 5, when 2300.HI01-1 with "BK" or "ABK", 2300.HI05-2 must be populated. | |
| X222.351.2400.SV107-3.010 | 07/01/2011 | | SV107-3 | Diagnosis Code Pointer | N0 | 1-2 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | SV107-3 can only be present if 2400.SV107-2 is present. | |
| X222.351.2400.SV107-3.020 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.351.2400.SV107-3.030 | 07/01/2011 | | SV107-3 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 477: "Diagnosis code pointer is missing or invalid" | 2400.SV107-3 must be >= 1 and <= 12. | |
| X222.351.2400.SV107-3.040 | 07/01/2011 | | SV107-3 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 477: "Diagnosis code pointer is missing or invalid" | There must be a corresponding diagnosis code in 2300.HI where HI01-1 is "ABK" or "BK" for the pointer value entered. Example 1: if 2400.SV107-1 = 3, when 2300.HI01-1 with "BK" or "ABK", 2300.HI03-2 must be populated. Example 2: if 2400.SV107-1 = 5, when 2300.HI01-1 with "BK" or "ABK", 2300.HI05-2 must be populated. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.351.2400.SV107-4.010 | 07/01/2011 | | SV107-4 | Diagnosis Code Pointer | N0 | 1-2 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | SV107-4 can only be present if 2400.SV107-3 is present. | |
| X222.351.2400.SV107-4.020 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.351.2400.SV107-4.030 | 07/01/2011 | | SV107-4 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 477: "Diagnosis code pointer is missing or invalid" | 2400.SV107-4 must be >= 1 and <= 12. | |
| X222.351.2400.SV107-4.040 | 07/01/2011 | | SV107-4 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 477: "Diagnosis code pointer is missing or invalid" | There must be a corresponding diagnosis code in 2300.HI where HI01-1 is "ABK" or "BK" for the pointer value entered. Example 1: if 2400.SV107-1 = 3, when 2300.HI01-1 with "BK" or "ABK", 2300.HI03-2 must be populated. Example 2: if 2400.SV107-1 = 5, when 2300.HI01-1 with "BK" or "ABK", 2300.HI05-2 must be populated. | |
| X222.351.2400.SV108.010 | 07/01/2011 | | SV108 | Monetary Amount | R | 1-18 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.351.2400.SV109.010 | 07/01/2011 | | SV109 | Emergency Indicator | ID | 1-1 | S | | | Y | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.SV109 must be "Y". | |
| X222.351.2400.SV110.010 | 07/01/2011 | | SV110 | Multiple Procedure Code | ID | 1-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.351.2400.SV111.010 | 07/01/2011 | | SV111 | EPSDT Indicator | ID | 1-1 | S | | | Y | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.SV111 must be "Y". | |
| X222.351.2400.SV112.010 | 07/01/2011 | | SV112 | Family Planning Indicator | ID | 1-1 | S | | | Y | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.SV112 must be "Y". | |
| X222.351.2400.SV113.010 | 07/01/2011 | | SV113 | Review Code | ID | 1-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.351.2400.SV114.010 | 07/01/2011 | | SV114 | National or Local Assigned Review Value | AN | 1-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.351.2400.SV115.010 | 07/01/2011 | | SV115 | Co-Pay Status Code | ID | 1-1 | S | | | 0 | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.SV115 must be "0". | |
| X222.351.2400.SV116.010 | 07/01/2011 | | SV116 | Health Care Professional Shortage Area Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.351.2400.SV117.010 | 07/01/2011 | | SV117 | Reference Identification | AN | 1-50 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.351.2400.SV118.010 | 07/01/2011 | | SV118 | Postal Code | ID | 3-15 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.351.2400.SV119.010 | 07/01/2011 | | SV119 | Monetary Amount | R | 1-18 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.351.2400.SV120.010 | 07/01/2011 | | SV120 | Level of Care Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.351.2400.SV121.010 | 07/01/2011 | | SV121 | Provider Agreement Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.359.2400.SV5.010 | 07/01/2011 | | SV5 | DURABLE MEDICAL EQUIPMENT SERVICE | | 1 | S | 2400 | | | 999 | R | IK304 = I9: "Implementation Dependent "Not Used" Segment Present" | | |
| X222.359.2400.SV5.020 | 07/01/2011 | | SV5 | | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2400.SV5 is allowed when 2400.SV101-3, SV101-4, SV101-5, or SV101-6 = "RR", "NU", or "UE." | |
| X222.359.2400.SV501.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.359.2400.SV501-1.010 | 07/01/2011 | | SV501-1 | Procedure Identifier | ID | 2-2 | R | | | HC | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.SV501-1 must be present. | |
| X222.359.2400.SV501-1.020 | 07/01/2011 | | SV501-1 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.SV501-1 must be "HC". | |
| X222.359.2400.SV501-2.010 | 07/01/2011 | | SV501-2 | Procedure Code | AN | 1-48 | R | | | | 999 | R | IK403 = I12: "Implementation Pattern Match Failure" | 2400.SV501-2 must = 2400.SV101-2. | |
| X222.359.2400.SV501-3.010 | 07/01/2011 | | SV501-3 | Procedure Modifier | AN | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.359.2400.SV501-4.010 | 07/01/2011 | | SV501-4 | Procedure Modifier | AN | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.359.2400.SV501-5.010 | 07/01/2011 | | SV501-5 | Procedure Modifier | AN | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.359.2400.SV501-6.010 | 07/01/2011 | | SV501-6 | Procedure Modifier | AN | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.359.2400.SV501-7.010 | 07/01/2011 | | SV501-7 | Description | AN | 1-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.359.2400.SV501-8.010 | 07/01/2011 | | SV501-8 | Product/Service ID | AN | 1-48 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.359.2400.SV502.010 | 07/01/2011 | | SV502 | Unit or Basis for Measurement Code | ID | 2-2 | R | | | DA | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.SV502 must be present. | |
| X222.359.2400.SV502.020 | 07/01/2011 | | SV502 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.SV502 must be "DA". | |
| X222.359.2400.SV503.010 | 07/01/2011 | | SV503 | Length of Medical Necessity | R | 1-15 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.SV503 must be present. | |
| X222.359.2400.SV503.020 | 07/01/2011 | | SV503 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.SV503 must be numeric. | 03/31: Medicare specific limitation. Companion Guide Note needed. |
| X222.359.2400.SV503.025 | 07/01/2011 | | SV503 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2400.SV503 must be > 0 and <= 999 | |
| X222.359.2400.SV503.030 | 07/01/2011 | | SV503 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 260 "Length of medical necessity, including begin date" | | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.359.2400.SV503.040 edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.359.2400.SV504.010 | 07/01/2011 | | SV504 | DME Rental Price | R | 1-18 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.SV504 must be present. | |
| X222.359.2400.SV504.020 | 07/01/2011 | | SV504 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.SV504 must be numeric. | |
| X222.359.2400.SV504.030 | 07/01/2011 | | SV504 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 697: "Invalid Decimal Precision" CSC 185: "Rental price for durable medical equipment" | 2400.SV504 is limited to 0, 1 or 2 decimal positions. | 11/25: Medicare specific limitation. 01/20: Companion Guide Note needed. |
| X222.359.2400.SV504.035 | 07/01/2011 | | SV504 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2400.SV504 must be >= 0 and <= 99,999.99. | |
| X222.359.2400.SV504.040 | 07/01/2011 | | SV504 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 185: "Rental price for durable medical equipment" | | |
| X222.359.2400.SV504.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.359.2400.SV505.010 | 07/01/2011 | | SV505 | DME Purchase Price | R | 1-18 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.SV505 must be present. | |
| X222.359.2400.SV505.020 | 07/01/2011 | | SV505 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 244.SV505 must be numeric. | |
| X222.359.2400.SV505.030 | 07/01/2011 | | SV505 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 697: "Invalid Decimal Precision" CSC 184: "Purchase price for the rented durable medical equipment" | 2400.SV505 is limited to 0, 1 or 2 decimal positions. | 11/25: Medicare specific limitation. 01/20: Companion Guide Note needed. |
| X222.359.2400.SV505.035 | 07/01/2011 | | SV505 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2400.SV505 must be >= 0 and <= 99,999.99. | |
| X222.359.2400.SV505.040 | 07/01/2011 | | SV505 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 184: "Purchase price for the rented durable medical equipment" | | |
| X222.359.2400.SV505.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.359.2400.SV506.010 | 07/01/2011 | | SV506 | Rental Unit Price Indicator | ID | 1-1 | R | | | 1, 4, 6 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.SV506 must be present. | |
| X222.359.2400.SV506.020 | 07/01/2011 | | SV506 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.SV506 must be valid values. | |
| X222.359.2400.SV507.010 | 07/01/2011 | | SV507 | Prognosis Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.362.2400.PWK.010 | 07/01/2011 | | PWK | LINE SUPPLEMENTAL INFORMATION | | 10 | S | 2400 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only ten iterations of 2400.PWK are allowed. | |
| X222.362.2400.PWK01.010 | 07/01/2011 | | PWK01 | Attachment Report Type Code | ID | 2-2 | R | | | 03, 04, 05, 06, 07, 08, 09, 10, 11, 13, 15, 21, A3, A4, AM, AS, B2, B3, B4, BR, BS, BT, CB, CK, CT, D2, DA, DB, DG, DJ, DS, EB, HC, HR, I5, IR, LA, M1, MT, NN, OB, OC, OD, OE, OX, OZ, P4, P5, PE, PN, PO, PQ, PY, PZ, RB, RR, RT, RX, SG, V5, XP | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.PWK01 must be present. | |
| X222.362.2400.PWK01.020 | 07/01/2011 | | PWK01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.PWK01 must be valid values. | |
| X222.362.2400.PWK02.010 | 07/01/2011 | | PWK02 | Attachment Transmission Code | ID | 1-2 | R | | | AA, BM, EL, EM, FT, FX | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.PWK02 must be present. | |
| X222.362.2400.PWK02.020 | 07/01/2011 | | PWK02 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.PWK02 must be valid values. | |
| X222.362.2400.PWK03.010 | 07/01/2011 | | PWK03 | Report Copies Needed | N0 | 1-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.362.2400.PWK04.010 | 07/01/2011 | | PWK04 | Entity Identifier Code | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.362.2400.PWK05.010 | 07/01/2011 | | PWK05 | Identification Code Qualifier | ID | 1-2 | S | | | AC | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | When 2400.PWK05 is present, 2400.PWK02 must be "BM", "EL", "EM", "FX" or "FT". | |
| X222.362.2400.PWK05.020 | 07/01/2011 | | PWK05 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.PWK05 must be "AC". | |
| X222.362.2400.PWK06.010 | 07/01/2011 | | PWK06 | Identification Code | AN | 2-80 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | When 2400.PWK06 is present, 2400.PWK02 must be "BM", "EL", "EM", "FX" or "FT". | |
| X222.362.2400.PWK06.020 | 07/01/2011 | | PWK06 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.PWK06 must contain at least two non-space characters. | |
| X222.362.2400.PWK06.030 | 07/01/2011 | | PWK06 | | | | | | | | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" | 2400.PWK06 must be 2-50 characters. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.362.2400.PWK06.040 | 07/01/2011 | | PWK06 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 489: "Attachment Control Number" | | |
| X222.362.2400.PWK06.050 | 07/01/2011 | | PWK06 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.PWK06 must be populated with accepted AN characters. | |
| X222.362.2400.PWK06.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.362.2400.PWK07.010 | 07/01/2011 | | PWK07 | Description | AN | 1-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.362.2400.PWK08.010 | 07/01/2011 | | PWK08 | ACTIONS INDICATED | | | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.362.2400.PWK09.010 | 07/01/2011 | | PWK09 | Request Category Code | ID | 1-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.366.2400.PWK.010 | 07/01/2011 | | PWK | DURABLE MEDICAL EQUIPMENT CERTIFICATE OF MEDICAL NECESSITY INDICATOR | | 1 | S | 2400 | | | 999 | R | IK304 = I9: "Implementation Dependent "Not Used" Segment Present" | | |
| X222.366.2400.PWK.020 | 07/01/2011 | | PWK | | | | | | | | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | 2400.PWK with PWK01 = "CT" must be present when 2400.CR3 is present. | |
| X222.366.2400.PWK.030 | 07/01/2011 | | PWK | | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2400.PWK with PWK01 = "CT" is allowed. | |
| X222.366.2400.PWK01.010 | 07/01/2011 | | PWK01 | Attachment Report Type Code | ID | 2-2 | R | | | CT | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.PWK01 must be present. | |
| X222.366.2400.PWK01.020 | 07/01/2011 | | PWK01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.PWK01 must be "CT". | |
| X222.366.2400.PWK02.010 | 07/01/2011 | | PWK02 | Attachment Transmission Code | ID | 1-2 | R | | | AB, AD, AF, AG, NS | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.PWK02 must be present. | |
| X222.366.2400.PWK02.015 | 01/01/2012 | | PWK02 | | | | | | | | 999 | R | IK403 = I6: "Code Value Not Used in Implementation" | | |
| X222.366.2400.PWK02.020 | 07/01/2011 | | PWK02 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.PWK02 must be valid values. | |
| X222.366.2400.PWK03.010 | 07/01/2011 | | PWK03 | Report Copies Needed | N0 | 1-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.366.2400.PWK04.010 | 07/01/2011 | | PWK04 | Entity Identifier Code | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.366.2400.PWK05.010 | 07/01/2011 | | PWK05 | Identification Code Qualifier | ID | 1-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.366.2400.PWK06.010 | 07/01/2011 | | PWK06 | Identification Code | AN | 2-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.366.2400.PWK07.010 | 07/01/2011 | | PWK07 | Description | AN | 1-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.366.2400.PWK08.010 | 07/01/2011 | | PWK08 | ACTIONS INDICATED | | | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.366.2400.PWK09.010 | 07/01/2011 | | PWK09 | Request Category Code | ID | 1-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | 3/31: Per X12N Interpretation, this segment is only allowed when transport is actually conducted. |
| X222.368.2400.CR1.010 | 07/01/2011 | | CR1 | AMBULANCE TRANSPORT INFORMATION | | 1 | S | 2400 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2400.CR1 is allowed. | |
| X222.368.2400.CR101.010 | 07/01/2011 | | CR101 | Unit or Basis for Measurement Code | ID | 2-2 | S | | | LB | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2400.CR102 is present, 2400.CR101 must be present. | |
| X222.368.2400.CR101.020 | 07/01/2011 | | CR101 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.CR101 must be valid values. | |
| X222.368.2400.CR102.010 | 07/01/2011 | | CR102 | Patient Weight | R | 1-10 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2400.CR101 is present, then 2400.CR102 must be present. | |
| X222.368.2400.CR102.015 | 07/01/2011 | | CR102 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2300.CR102 must be >0 and <= 9,999.99. | 12/18: CMS specific length. |
| X222.368.2400.CR102.020 | 07/01/2011 | | CR102 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 337: "Ambulance certification/documentation" CSC 273: Weight | | |
| X222.368.2400.CR103.010 | 07/01/2011 | | CR103 | Ambulance Transport Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.368.2400.CR104.010 | 07/01/2011 | | CR104 | Ambulance Transport Reason Code | ID | 1-1 | R | | | A, B, C, D, E | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.CR104 must be present. | |
| X222.368.2400.CR104.020 | 07/01/2011 | | CR104 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.CR104 must be valid values. | |
| X222.368.2400.CR105.010 | 07/01/2011 | | CR105 | Unit or Basis for Measurement Code | ID | 2-2 | R | | | DH | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.CR105 must be present. | |
| X222.368.2400.CR105.020 | 07/01/2011 | | CR105 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.CR105 must be "DH". | |
| X222.368.2400.CR106.010 | 07/01/2011 | | CR106 | Transport Distance | R | 1-15 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.CR106 must be present. | |
| X222.368.2400.CR106.020 | 07/01/2011 | | CR106 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.CR106 must be numeric. | |
| X222.368.2400.CR106.030 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.368.2400.CR106.035 | 07/01/2011 | | CR106 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2400.CR106 must be >=0 and <= 9999. | |
| X222.368.2400.CR106.040 | 07/01/2011 | | CR106 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 267 "Number of miles patient was transported" | | |
| X222.368.2400.CR107.010 | 07/01/2011 | | CR107 | Address Information | AN | 1-55 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.368.2400.CR108.010 | 07/01/2011 | | CR108 | Address Information | AN | 1-55 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.368.2400.CR109.010 | 07/01/2011 | | CR109 | Round Trip Purpose Description | AN | 1-80 | S | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2400.CR109 must be 1 - 80 characters. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.368.2400.CR109.020 | 07/01/2011 | | CR109 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 337: "Ambulance certification/documentation" | | |
| X222.368.2400.CR109.030 | 07/01/2011 | | CR109 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.CR109 must be populated with accepted AN characters. | |
| X222.368.2400.CR109.040 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.368.2400.CR109.050 | 07/01/2011 | | CR109 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.CR109 must contain at least one non-space character. | |
| X222.368.2400.CR110.010 | 07/01/2011 | | CR110 | Stretcher Purpose Description | AN | 1-80 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.CR110 must contain at least one non-space character. | |
| X222.368.2400.CR110.020 | 07/01/2011 | | CR110 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2400.CR110 must be 1 - 80 characters. | |
| X222.368.2400.CR110.030 | 07/01/2011 | | CR110 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 711: "Stretcher Purpose: | | |
| X222.368.2400.CR110.040 | 07/01/2011 | | CR110 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.CR110 must be populated with accepted AN characters. | |
| X222.368.2400.CR110.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.371.2400.CR3.010 | 07/01/2011 | | **CR3** | **DURABLE MEDICAL EQUIPMENT CERTIFICATION** | | **1** | **S** | **2400** | | | **999** | **R** | **IK304 = I9: "Implementation Dependent "Not Used" Segment Present"** | | |
| X222.371.2400.CR3.020 | 07/01/2011 | | **CR3** | | | | | | | | **999** | **R** | **IK304 = I6: "Implementation Dependent Segment Missing"** | **2400.CR3 must be present when any of the following conditions are met but not all of them are met • 2400.PWK with PWK02 = "AD" is present • 2400.CR3 is present • 2400.DTP with DTP01 = "463" is present • 2400.CRC01 = '09' is present • 2440.LQ is present • 2440.FRM is present** | |
| X222.371.2400.CR3.030 | 07/01/2011 | | **CR3** | | | | | | | | **999** | **R** | **IK304 = 5: "Segment Exceeds Maximum Use"** | **Only one iteration of 2400.CR3 is allowed.** | |
| X222.371.2400.CR301.010 | 07/01/2011 | | CR301 | Certification Type Code | ID | 1-1 | R | | | I,R,S | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.CR301 must be present. | |
| X222.371.2400.CR301.020 | 07/01/2011 | | CR301 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | If 2400.DTP with DTP01 = "607" is present, 2400.CR301 must be "R" or "S". | |
| X222.371.2400.CR301.030 | 07/01/2011 | | CR301 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.CR301 must be valid values. | |
| X222.371.2400.CR302.010 | 07/01/2011 | | CR302 | Unit or Basis for Measurement Code | ID | 2-2 | R | | | MO | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.CR302 must be present. | |
| X222.371.2400.CR302.020 | 07/01/2011 | | CR302 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.CR302 must be "MO". | |
| X222.371.2400.CR303.010 | 07/01/2011 | | CR303 | Durable Medical Equipment Duration | R | 1-15 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.CR303 must be present. | 03/31: Medicare specific limitation. Companion Guide Note needed. |
| X222.371.2400.CR303.015 | 07/01/2011 | | CR303 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2400.CR303 must be 1 - 2 digits. | |
| X222.371.2400.CR303.020 | 07/01/2011 | | CR303 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 352: "Duration of treatment plan" | | |
| X222.371.2400.CR303.030 | 07/01/2011 | | CR303 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.CR303 must be numeric. | |
| X222.371.2400.CR303.040 | 07/01/2011 | | CR303 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 402: "Amount must be greater than 0" CSC 352: "Duration of treatment plan" | 2400.CR303 must be > 0 unless 2400.LQ02 = "08.02". | |
| X222.371.2400.CR304.010 | 07/01/2011 | | CR304 | Insulin Dependent Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.371.2400.CR305.010 | 07/01/2011 | | CR305 | Description | AN | 1-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | 12:23 Regardless of qualifier, Only three iterations of this segment are allowed in this position. |
| X222.373.2400.CRC.010 | 07/01/2011 | | **CRC** | **AMBULANCE CERTIFICATION** | | | | **2400** | | | **999** | **R** | **IK304 = 5: "Segment Exceeds Maximum Use"** | | |
| X222.373.2400.CRC.020 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.373.2400.CRC.030 | 07/01/2011 | | CRC | | | 3 | S | 2400 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | | 02/19: Segments with the "07" qualifier are not accepted by Medicare for DME. |
| X222.373.2400.CRC.040 | 07/01/2011 | | CRC | | | 3 | S | 2400 | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 335: "Durable medical equipment certification." | No iterations of 2400.CRC with CRC01 = "07" are allowed. | |
| X222.373.2400.CRC01.010 | 07/01/2011 | | CRC01 | Code Category | ID | 2-2 | R | | | 07 | 999 | R | IK403 = 1: "Required Data Element Missing" | | |
| X222.373.2400.CRC01.020 | 07/01/2011 | | CRC01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | | |
| X222.373.2400.CRC02.010 | 07/01/2011 | | CRC02 | Certification Condition Indicator | ID | 1-1 | R | | | N, Y | 999 | R | IK403 = 1: "Required Data Element Missing" | | |
| X222.373.2400.CRC02.020 | 07/01/2011 | | CRC02 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | | |
| X222.373.2400.CRC03.010 | 07/01/2011 | | CRC03 | Condition Code | ID | 2-3 | R | | | 01, 04, 05, 06, 07, 08, 09, 12 | 999 | R | IK403 = 1: "Required Data Element Missing" | | |
| X222.373.2400.CRC03.020 | 07/01/2011 | | CRC03 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | | |
| X222.373.2400.CRC04.010 | 07/01/2011 | | CRC04 | Condition Code | ID | 2-3 | S | | | 01, 04, 05, 06, 07, 08, 09, 12 | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | | |
| X222.373.2400.CRC04.020 | 07/01/2011 | | CRC04 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | | |
| X222.373.2400.CRC05.010 | 07/01/2011 | | CRC05 | Condition Code | ID | 2-3 | S | | | 01, 04, 05, 06, 07, 08, 09, 12 | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | | |
| X222.373.2400.CRC05.020 | 07/01/2011 | | CRC05 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | | |
| X222.373.2400.CRC06.010 | 07/01/2011 | | CRC06 | Condition Code | ID | 2-3 | S | | | 01, 04, 05, 06, 07, 08, 09, 12 | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | | |
| X222.373.2400.CRC06.020 | 07/01/2011 | | CRC06 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | | |
| X222.373.2400.CRC07.010 | 07/01/2011 | | CRC07 | Condition Code | ID | 2-3 | S | | | 01, 04, 05, 06, 07, 08, 09, 12 | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | | |
| X222.373.2400.CRC07.020 | 07/01/2011 | | CRC07 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | | |
| X222.376.2400.CRC.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.376.2400.CRC.015 | 07/01/2011 | | CRC | HOSPICE EMPLOYEE INDICATOR | | 1 | S | 2400 | | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error." CSC 21 "Missing or invalid information." CSC 747: "Hospice Employee Indicator" | | 02/19: Segments with the "70" qualifier are not accepted by Medicare for DME. |
| X222.376.2400.CRC.020 | 07/01/2011 | | CRC | | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | | 02/19: Segments with the "70" qualifier are not accepted by Medicare for DME. |
| X222.376.2400.CRC.030 | 07/01/2011 | | CRC | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 747: "Hospice Employee Indicator" | No iterations of 2400.CRC with CRC01 = "70" are allowed. | |
| X222.376.2400.CRC01.010 | 07/01/2011 | | CRC01 | Code Category | ID | 2-2 | R | | | 70 | 999 | R | IK403 = 1: "Required Data Element Missing" | | |
| X222.376.2400.CRC01.020 | 07/01/2011 | | CRC01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | | |
| X222.376.2400.CRC02.010 | 07/01/2011 | | CRC02 | Hospice Employed Provider Indicator | ID | 1-1 | R | | | N, Y | 999 | R | IK403 = 1: "Required Data Element Missing" | | |
| X222.376.2400.CRC02.020 | 07/01/2011 | | CRC02 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | | |
| X222.376.2400.CRC03.010 | 07/01/2011 | | CRC03 | Condition Indicator | ID | 2-3 | R | | | 65 | 999 | R | IK403 = 1: "Required Data Element Missing" | | |
| X222.376.2400.CRC03.020 | 07/01/2011 | | CRC03 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | | |
| X222.376.2400.CRC04.010 | 07/01/2011 | | CRC04 | Condition Indicator | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.376.2400.CRC05.010 | 07/01/2011 | | CRC05 | Condition Indicator | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.376.2400.CRC06.010 | 07/01/2011 | | CRC06 | Condition Indicator | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.376.2400.CRC07.010 | 07/01/2011 | | CRC07 | Condition Indicator | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.378.2400.CRC.010 | 07/01/2011 | | CRC | CONDITION INDICATOR/ DURABLE MEDICAL EQUIPMENT | | 1 | S | 2400 | | | 999 | R | IK304 = I9: "Implementation "Not Used" Segment Present" | | 12:23 Regardless of qualifier, Only three iterations of this segment are allowed in this position. |
| X222.378.2400.CRC.020 | 07/01/2011 | | CRC | | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only three iterations of 2400.CRC with CRC01 = "09" are allowed. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.378.2400.CRC.030 | 07/01/2011 | | CRC | | | | | | | | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | If 2400.CR3 is present, one iteration of 2400.CRC with CRC01 = "09" must be present. | |
| X222.378.2400.CRC01.010 | 07/01/2011 | | CRC01 | Code Category | ID | 2-2 | R | | | 09 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.CRC01 must be present. | |
| X222.378.2400.CRC01.020 | 07/01/2011 | | CRC01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.CRC01 must be "09". | |
| X222.378.2400.CRC02.010 | 07/01/2011 | | CRC02 | Certification Condition Indicator | ID | 1-1 | R | | | N, Y | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.CRC02 must be present. | |
| X222.378.2400.CRC02.020 | 07/01/2011 | | CRC02 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.CRC02 must be valid values. | |
| X222.378.2400.CRC03.010 | 07/01/2011 | | CRC03 | Condition Indicator | ID | 2-3 | R | | | 38, ZV | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.CRC03 must be present. | |
| X222.378.2400.CRC03.020 | 07/01/2011 | | CRC03 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.CRC03 must be valid values. | |
| X222.378.2400.CRC03.030 Edit Deactivated | 07/01/2011 | 07/01/2012 | | | | | | | | | | | | | |
| X222.378.2400.CRC04.010 | 07/01/2011 | | CRC04 | Condition Indicator | ID | 2-3 | S | | | 38, ZV | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2400.CRC04 is present, 2400.CRC03 must be present. | |
| X222.378.2400.CRC04.020 | 07/01/2011 | | CRC04 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.CRC04 must be valid values. | |
| X222.378.2400.CRC04.030 | 07/01/2011 | | CRC04 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 527: "Certification Condition Indicator" | If 2400.CRC01 is "09", at least one iteration of 2400.CRC03 or 2400.CRC04 must be "38" | |
| X222.378.2400.CRC05.010 | 07/01/2011 | | CRC05 | Condition Indicator | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.378.2400.CRC06.010 | 07/01/2011 | | CRC06 | Condition Indicator | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.378.2400.CRC07.010 | 07/01/2011 | | CRC07 | Condition Indicator | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.380.2400.DTP.010 | 07/01/2011 | | DTP | DATE - SERVICE DATE | | 1 | R | 2400 | | | 999 | R | IK304 = 3: "Required Segment Missing" | 2400.DTP with DTP01 = "472" must be present. | |
| X222.380.2400.DTP.020 | 07/01/2011 | | DTP | | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2400.DTP with DTP01 = "472" is allowed. | |
| X222.380.2400.DTP01.010 | 07/01/2011 | | DTP01 | Date Time Qualifier | ID | 3-3 | R | | | 472 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.DTP01 must be present. | |
| X222.380.2400.DTP01.020 | 07/01/2011 | | DTP01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.DTP01 must be "472". | |
| X222.380.2400.DTP02.010 | 07/01/2011 | | DTP02 | Date Time Period Format Qualifier | ID | 2-3 | R | | | D8, RD8 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.DTP02 must be present. | |
| X222.380.2400.DTP02.020 | 07/01/2011 | | DTP02 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.DTP02 must be valid values. | |
| X222.380.2400.DTP03.010 | 07/01/2011 | | DTP03 | Service Date | AN | 1-35 | R | | | CCYYMMDD, CCYYMMDDCCYYM MDD | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.DTP03 must be present. | |
| X222.380.2400.DTP03.020 | 07/01/2011 | | DTP03 | | | | | | | | 999 | R | IK403 = 8: "Invalid Date" | If 2400.DTP02 is D8, then 2400.DTP03 must be a valid date in the format of CCYYMMDD. | |
| X222.380.2400.DTP03.030 | 07/01/2011 | | DTP03 | | | | | | | | 999 | R | IK403 = 8: "Invalid Date" | If 2400.DTP02 is RD8, then 2400.DTP03 must be a valid date in the format of CCYYMMDD-CCYYMMDD. | |
| X222.380.2400.DTP03.040 | 07/01/2011 | | DTP03 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 510: "Future date" CSC 187: "Date(s) of service" | If 2400.DTP02 is D8, 2400.DTP03 must not be a future date. | |
| X222.380.2400.DTP03.050 | 07/01/2011 | | DTP03 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 510: "Future date" CSC 187: "Date(s) of service" | If 2400.DTP02 is RD8, the first date listed in 2400.DTP03 must not be a future date. | |
| X222.380.2400.DTP03.060 | 07/01/2011 | | DTP03 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 187: "Date(s) of service" | If 2400.DTP02 is RD8, the first date listed in 2400.DTP03 must be a date prior to the second date listed in 2400.DTP03. | |
| X222.380.2400.DTP03.070 | 07/01/2011 | | DTP03 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 187: "Date(s) of service" | Reject the claim if 2400.DTP02=D8 or 2400.DTP02 = RD8 and the CCYYMM portion of the first date and the CCYYMM portion of the second date are equal and 2400.SV101-3, SV101-4, SV101-5 or SV101-6 = "RR" and 2400.SV104 is not = "1". | |
| X222.380.2400.DTP03.080 | 07/01/2011 | | DTP03 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 510: "Future date" CSC 187: "Date(s) of service" | When 2400.DTP02 = RD8 and the second date is a future date, one of the following proc options must exist for the procedure: "IS", "PA", "PE", "PI", "PK", "PL", "PP", "PS" or "PX". | |
| X222.380.2400.DTP03.090 | 07/01/2011 | | DTP03 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 187: "Date(s) of service" | Reject the claim if 2400.DTP02 = "RD8" and the first date is not = the second date and SV101-2 is not "E0935" or "E0936", & the proc option "GL" or "IS" does NOT exist, & the proc option "DF", "DI", "DR", "LP", "OC", "OG", "OL" or "OP" does exist. | |
| X222.380.2400.DTP03.091 | 07/01/2017 | | DTP03 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 187: "Date(s) of service" | Date of service 2400 DTP(472) must not be more than 1 year prior to the date of the VA DME POS eMRA implementation. | VA DMEPOS only |
| X222.382.2400.DTP.010 | 07/01/2011 | | DTP | DATE - PRESCRIPTION DATE | | 1 | S | 2400 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2400.DTP with DTP01 = "471" is allowed. | |
| X222.382.2400.DTP01.010 | 07/01/2011 | | DTP01 | Date Time Qualifier | ID | 3-3 | R | | | 471 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.DTP01 must be present. | |
| X222.382.2400.DTP01.020 | 07/01/2011 | | DTP01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.DTP01 must be "471". | |
| X222.382.2400.DTP02.010 | 07/01/2011 | | DTP02 | Date Time Period Format Qualifier | ID | 2-3 | R | | | D8 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.DTP02 must be present. | |
| X222.382.2400.DTP02.020 | 07/01/2011 | | DTP02 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.DTP02 must be "D8". | |
| X222.382.2400.DTP03.010 | 07/01/2011 | | DTP03 | Prescription Date | AN | 1-35 | R | | | CCYYMMDD | 999 | R | IK403 = 8: "Invalid Date" | 2400.DTP03 must be a valid date in the format of CCYYMMDD. | |
| X222.382.2400.DTP03.020 | 07/01/2011 | | DTP03 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 510: "Future date" CSC 214: "Original date of prescription/orders/referral." | 2400.DTP03 must not be a future date. | 06/04: Companion Guide Note needed. |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.383.2400.DTP.010 | 07/01/2011 | | DTP | DATE - CERTIFICATION REVISION/RECERTIFICATION DATE | | 1 | S | 2400 | | | 999 | R | IK304 = I9: "Implementation Dependent "Not Used" Segment Present" | | |
| X222.383.2400.DTP.020 | 07/01/2011 | | DTP | | | | | | | | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | One iteration of 2400.DTP with DTP01 = "607" must be present when 2400.CR301 = "R" or "S". | |
| X222.383.2400.DTP01.010 | 07/01/2011 | | DTP01 | Date Time Qualifier | ID | 3-3 | R | | | 607 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.DTP01 must be present. | |
| X222.383.2400.DTP01.020 | 07/01/2011 | | DTP01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.DTP01 must be "607". | |
| X222.383.2400.DTP02.010 | 07/01/2011 | | DTP02 | Date Time Period Format Qualifier | ID | 2-3 | R | | | D8 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.DTP02 must be present. | |
| X222.383.2400.DTP02.020 | 07/01/2011 | | DTP02 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.DTP02 must be "D8". | |
| X222.383.2400.DTP03.010 | 07/01/2011 | | DTP03 | Certification Revision Recertification Date | AN | 1-35 | R | | | CCYYMMDD | 999 | R | IK403 = 8: "Invalid Date" | 2400.DTP03 must be a valid date in the format of CCYYMMDD. | |
| X222.383.2400.DTP03.020 | 07/01/2011 | | DTP03 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 510: "Future date" CSC 529: "Certification Revision Date" | 2400.DTP03 must not be a future date. | 06/04: Companion Guide Note needed. |
| X222.384.2400.DTP.010 | 07/01/2011 | | DTP | DATE - BEGIN THERAPY DATE | | 1 | S | 2400 | | | 999 | R | IK304 = I9: "Implementation Dependent "Not Used" Segment Present" | | |
| X222.384.2400.DTP.020 | 07/01/2011 | | DTP | | | 1 | S | | | | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | If 2400.CR3 is present, 2400.DTP with DTP01 = "463" must be present. | |
| X222.384.2400.DTP.030 | 07/01/2011 | | DTP | | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2400.DTP with DTP01 = "463" is allowed. | |
| X222.384.2400.DTP01.010 | 07/01/2011 | | DTP01 | Date Time Qualifier | ID | 3-3 | R | | | 463 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.DTP01 must be present. | |
| X222.384.2400.DTP01.020 | 07/01/2011 | | DTP01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.DTP01 must be "463". | |
| X222.384.2400.DTP02.010 | 07/01/2011 | | DTP02 | Date Time Period Format Qualifier | ID | 2-3 | R | | | D8 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.DTP02 must be present. | |
| X222.384.2400.DTP02.020 | 07/01/2011 | | DTP02 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.DTP02 must be "D8". | |
| X222.384.2400.DTP03.010 | 07/01/2011 | | DTP03 | Begin Therapy Date | AN | 1-35 | R | | | CCYYMMDD | 999 | R | IK403 = 8: "Invalid Date" | 2400.DTP03 must be a valid date in the format of CCYYMMDD. | |
| X222.384.2400.DTP03.020 | 07/01/2011 | | DTP03 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 510: "Future date" | 2400.DTP03 must not be a future date. | 06/04: Companion Guide Note needed. |
| X222.385.2400.DTP.010 | 07/01/2011 | | DTP | DATE - LAST CERTIFICATION DATE | | 1 | S | 2400 | | | 999 | R | IK304 = I9: "Implementation Dependent "Not Used" Segment Present" | | |
| X222.385.2400.DTP.020 | 07/01/2011 | | DTP | | | | | | | | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | 2400.DTP with DTP01 = "461" must be present when 2400.CRC01 = "09" and CRC03 or CRC04 = "38" and CRC02 = "Y". | |
| X222.385.2400.DTP.030 | 07/01/2011 | | DTP | | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2400.DTP with DTP01 = "461" is allowed. | |
| X222.385.2400.DTP01.010 | 07/01/2011 | | DTP01 | Date Time Qualifier | ID | 3-3 | R | | | 461 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.DTP01 must be present. | |
| X222.385.2400.DTP01.020 | 07/01/2011 | | DTP01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.DTP01 must be "461". | |
| X222.385.2400.DTP02.010 | 07/01/2011 | | DTP02 | Date Time Period Format Qualifier | ID | 2-3 | R | | | D8 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.DTP02 must be present. | |
| X222.385.2400.DTP02.020 | 07/01/2011 | | DTP02 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.DTP02 must be "D8". | |
| X222.385.2400.DTP03.010 | 07/01/2011 | | DTP03 | Last Certification Date | AN | 1-35 | R | | | CCYYMMDD | 999 | R | IK403 = 8: "Invalid Date" | 2400.DTP03 must be a valid date in the format of CCYYMMDD. | |
| X222.385.2400.DTP03.020 | 07/01/2011 | | DTP03 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 510: "Future date" CSC 580 "Last Certification Date" | 2400.DTP03 must not be a future date. | 06/04: Companion Guide Note needed. |
| X222.386.2400.DTP.010 | 07/01/2011 | | DTP | DATE - DATE LAST SEEN | | 1 | S | 2400 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | | |
| X222.386.2400.DTP.020 | 07/01/2011 | | DTP | | | | | | | | 999 | R | IK304 = I9: "Implementation Dependent "Not Used" Segment Present" | 2400.DTP with DTP01 = "304" must not be present. | |
| X222.386.2400.DTP01.010 | 07/01/2011 | | DTP01 | Date Time Qualifier | ID | 3-3 | R | | | 304 | 999 | R | IK403 = 1: "Required Data Element Missing" | | |
| X222.386.2400.DTP01.020 | 07/01/2011 | | DTP01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | | |
| X222.386.2400.DTP02.010 | 07/01/2011 | | DTP02 | Date Time Period Format Qualifier | ID | 2-3 | R | | | D8 | 999 | R | IK403 = 1: "Required Data Element Missing" | | |
| X222.386.2400.DTP02.020 | 07/01/2011 | | DTP02 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | | |
| X222.386.2400.DTP03 | 07/01/2011 | | DTP03 | Last Seen Date | AN | 1-35 | R | | | CCYYMMDD | 999 | R | IK403 = 8: "Invalid Date" | | |
| X222.387.2400.DTP.010 | 07/01/2011 | | DTP | DATE - TEST DATE | | 2 | S | 2400 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only two iterations of 2400.DTP with DTP01 = "738" or "739" are allowed. | |
| X222.387.2400.DTP01.010 | 07/01/2011 | | DTP01 | Date Time Qualifier | ID | 3-3 | R | | | 738, 739 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.DTP01 must be present. | |
| X222.387.2400.DTP01.020 | 07/01/2011 | | DTP01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.DTP01 must be valid values. | |
| X222.387.2400.DTP02.010 | 07/01/2011 | | DTP02 | Date Time Period Format Qualifier | ID | 2-3 | R | | | D8 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.DTP02 must be present. | |
| X222.387.2400.DTP02.020 | 07/01/2011 | | DTP02 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.DTP02 must be "D8". | |
| X222.387.2400.DTP03.010 | 07/01/2011 | | DTP03 | Test Performed Date | AN | 1-35 | R | | | CCYYMMDD | 999 | R | IK403 = 8: "Invalid Date" | 2400.DTP03 must be a valid date in the format of CCYYMMDD. | |
| X222.387.2400.DTP03.020 | 07/01/2011 | | DTP03 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 510: "Future date" CSC 653 "Test Performed Date" | 2400.DTP03 must not be a future date. | Pass through, syntax only |
| X222.388.2400.DTP.010 | 07/01/2011 | | DTP | DATE - SHIPPED DATE | | 1 | S | 2400 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2400.DTP with DTP01 = "011" is allowed. | |
| X222.388.2400.DTP01.010 | 07/01/2011 | | DTP01 | Date Time Qualifier | ID | 3-3 | R | | | 011 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.DTP01 must be present. | |
| X222.388.2400.DTP01.020 | 07/01/2011 | | DTP01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.DTP01 must be "011". | |
| X222.388.2400.DTP02.010 | 07/01/2011 | | DTP02 | Date Time Period Format Qualifier | ID | 2-3 | R | | | D8 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.DTP02 must be present. | |
| X222.388.2400.DTP02.020 | 07/01/2011 | | DTP02 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.DTP02 must be "D8". | |
| X222.388.2400.DTP03.010 | 07/01/2011 | | DTP03 | Shipped Date | AN | 1-35 | R | | | CCYYMMDD | 999 | R | IK403 = 8: "Invalid Date" | 2400.DTP03 must be a valid date in the format of CCYYMMDD. | |
| X222.389.2400.DTP.010 | 07/01/2011 | | DTP | DATE - LAST X-RAY | | 1 | S | 2400 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.389.2400.DTP.020 | 07/01/2011 | | DTP | | | | | | | | 999 | R | IK304 = I9: "Implementation Dependent "Not Used" Segment Present" | 2400.DTP with DTP01 = "455" must not be present. | |
| X222.389.2400.DTP01.010 | 07/01/2011 | | DTP01 | Date Time Qualifier | ID | 3-3 | R | | | 455 | 999 | R | IK403 = 1: "Required Data Element Missing" | | |
| X222.389.2400.DTP01.020 | 07/01/2011 | | DTP01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | | |
| X222.389.2400.DTP02.010 | 07/01/2011 | | DTP02 | Date Time Period Format Qualifier | ID | 2-3 | R | | | D8 | 999 | R | IK403 = 1: "Required Data Element Missing" | | |
| X222.389.2400.DTP02.020 | 07/01/2011 | | DTP02 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | | |
| X222.389.2400.DTP03.010 | 07/01/2011 | | DTP03 | Last X-Ray Date | AN | 1-35 | R | | | CCYYMMDD | 999 | R | IK403 = 8: "Invalid Date" | | |
| X222.389.2400.DTP03.020 | 07/01/2011 | | DTP03 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 510: "Future date" CSC 210 "Date of the Last X-ray" | | |
| X222.390.2400.DTP.010 | 07/01/2011 | | DTP | DATE - INITIAL TREATMENT DATE | | 1 | S | 2400 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2400.DTP with DTP01 = "454" is allowed. | |
| X222.390.2400.DTP01.010 | 07/01/2011 | | DTP01 | Date Time Qualifier | ID | 3-3 | R | | | 454 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.DTP01 must be present. | |
| X222.390.2400.DTP01.020 | 07/01/2011 | | DTP01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.DTP01 must be "454". | |
| X222.390.2400.DTP02.010 | 07/01/2011 | | DTP02 | Date Time Period Format Qualifier | ID | 2-3 | R | | | D8 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.DTP02 must be present. | |
| X222.390.2400.DTP02.020 | 07/01/2011 | | DTP02 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.DTP02 must be "D8". | |
| X222.390.2400.DTP03.010 | 07/01/2011 | | DTP03 | Initial Treatment Date | AN | 1-35 | R | | | CCYYMMDD | 999 | R | IK403 = 8: "Invalid Date" | 2400.DTP03 must be a valid date in the format of CCYYMMDD. | |
| X222.390.2400.DTP03.020 | 07/01/2011 | | DTP03 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 510: "Future date" CSC 701 "Initial Treatment Date" | 2400.DTP03 must not be a future date. | |
| X222.391.2400.QTY.010 | 07/01/2011 | | QTY | AMBULANCE PATIENT COUNT | | 1 | S | 2400 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2400.DTP with QTY01 = "PT" is allowed. | |
| X222.391.2400.QTY01.010 | 07/01/2011 | | QTY01 | Quantity Qualifier | ID | 2-2 | R | | | PT | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.QTY01 must be present. | |
| X222.391.2400.QTY01.020 | 07/01/2011 | | QTY01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.QTY01 must be "PT". | |
| X222.391.2400.QTY02.010 | 07/01/2011 | | QTY02 | Ambulance Patient Count | R | 1-15 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.QTY02 must be present. | |
| X222.391.2400.QTY02.020 | 07/01/2011 | | QTY02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.QTY02 must be numeric. | |
| X222.391.2400.QTY02.030 | 07/01/2011 | | QTY02 | | | | | | | | 999 | R | IK403 = I12: "Implementation Pattern Match Failure" | 2400.QTY02 must be > 1. | 03/31: Medicare specific limitation. Companion Guide Note needed. |
| X222.391.2400.QTY02.035 | 07/01/2011 | | QTY02 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2400.QTY02 must be 1 - 2 digits. | |
| X222.391.2400.QTY02.040 | 07/01/2011 | | QTY02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" | | |
| X222.391.2400.QTY03.010 | 07/01/2011 | | QTY03 | COMPOSITE UNIT OF MEASURE | | | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.391.2400.QTY04.010 | 07/01/2011 | | QTY04 | Free-Form Message | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.392.2400.QTY.010 | 07/01/2011 | | QTY | OBSTETRIC ANESTHESIA ADDITIONAL UNITS | | 1 | S | 2400 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2400.DTP with QTY01 = "FL" is allowed. | |
| X222.392.2400.QTY01.010 | 07/01/2011 | | QTY01 | Quantity Qualifier | ID | 2-2 | R | | | FL | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.QTY01 must be present. | |
| X222.392.2400.QTY01.020 | 07/01/2011 | | QTY01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.QTY01 must be "FL". | |
| X222.392.2400.QTY02.010 | 07/01/2011 | | QTY02 | Obstetric Additional Units | R | 1-15 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.QTY02 must be present. | |
| X222.392.2400.QTY02.020 | 07/01/2011 | | QTY02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.QTY02 must be numeric. | |
| X222.392.2400.QTY02.030 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.392.2400.QTY02.035 | 07/01/2011 | | | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2400.QTY02 must be > 0 and <= 99. | |
| X222.392.2400.QTY02.040 | 07/01/2011 | | QTY02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 712:: "Obstetric Additional Units" | | |
| X222.392.2400.QTY03.010 | 07/01/2011 | | QTY03 | COMPOSITE UNIT OF MEASURE | | | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.392.2400.QTY04.010 | 07/01/2011 | | QTY04 | Fee-Form Message | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.393.2400.MEA.010 | 07/01/2011 | | MEA | TEST RESULTS | | 5 | S | 2400 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only five iterations of 2400.MEA are allowed. | |
| X222.393.2400.MEA01.010 | 07/01/2011 | | MEA01 | Measurement Reference Identification Code | ID | 2-2 | R | | | OG, TR | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.MEA01 must be present. | |
| X222.393.2400.MEA01.020 | 07/01/2011 | | MEA01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.MEA01 must be valid values. | |
| X222.393.2400.MEA02.010 | 07/01/2011 | | MEA02 | Measurement Qualifier | ID | 1-3 | R | | | HT, R1, R2, R3, R4 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.MEA02 must be present. | |
| X222.393.2400.MEA02.020 | 07/01/2011 | | MEA02 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.MEA02 must be valid values. | |
| X222.393.2400.MEA03.010 | 07/01/2011 | | MEA03 | Test Result | R | 1-20 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.MEA03 must be present. | |
| X222.393.2400.MEA03.020 | 07/01/2011 | | MEA03 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.MEA03 must be numeric. | 03/31: Medicare specific limitation. Companion Guide Note needed. |
| X222.393.2400.MEA03.025 | 07/01/2011 | | MEA03 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2400.MEA03 must be >= 0 and <= 99.9. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.393.2400.MEA03.030 | 07/01/2011 | | MEA03 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 300 "Lab/test report/notes/results" | | 03/31: Medicare specific limitation. Companion Guide Note needed. |
| X222.393.2400.MEA03.040 | 07/01/2011 | | MEA03 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 697: "Invalid Decimal Precision" CSC 300 "Lab/test report/notes/results" | 2400.MEA03 is limited to 1 decimal position. | |
| X222.393.2400.MEA04.010 | 07/01/2011 | | MEA04 | COMPOSITE UNIT OF MEASURE | | | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.393.2400.MEA05.010 | 07/01/2011 | | MEA05 | Range Minimum | R | 1-20 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.393.2400.MEA06.010 | 07/01/2011 | | MEA06 | Range Maximum | R | 1-20 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.393.2400.MEA07.010 | 07/01/2011 | | MEA07 | Measurement Significance Code | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.393.2400.MEA08.010 | 07/01/2011 | | MEA08 | Measurement Attribute Code | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.393.2400.MEA09.010 | 07/01/2011 | | MEA09 | Surface/Layer/Position Code | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.393.2400.MEA10.010 | 07/01/2011 | | MEA10 | Measurement Method or Device | ID | 2-4 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.393.2400.MEA11.010 | 07/01/2011 | | MEA11 | Code List Qualifier Code | ID | 1-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.393.2400.MEA12.010 | 07/01/2011 | | MEA12 | Industry Code | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | 01/20: Companion Guide Note needed. Medicare does not support post-adjudicated claim processing (a non-HIPAA mandated use). |
| X222.395.2400.CN1.010 | 07/01/2011 | | CN1 | CONTRACT INFORMATION | | 1 | S | 2400 | | | 999 | E | IK304 = I9: "Implementation Dependent "Not Used" Segment Present" | Must not be present. | Pass through, syntax only. |
| X222.397.2400.REF.010 | 07/01/2011 | | REF | REPRICED LINE ITEM REFERENCE NUMBER | | 1 | S | 2400 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2400.REF with REF01 = "9B" is allowed. | |
| X222.397.2400.REF01.010 | 07/01/2011 | | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | 9B | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.REF01 must be present. | |
| X222.397.2400.REF01.020 | 07/01/2011 | | REF01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.REF01 must be "9B". | |
| X222.397.2400.REF02.010 | 07/01/2011 | | REF02 | Repriced Line Item Reference Number | AN | 1-50 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.REF02 must be present. | |
| X222.397.2400.REF02.020 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | | |
| X222.397.2400.REF02.030 | 07/01/2011 | | REF02 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2400.REF02 must be 1-50 characters. | |
| X222.397.2400.REF02.040 | 07/01/2011 | | REF02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 636: "Repriced Line Item Reference Number" | | |
| X222.397.2400.REF02.050 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.REF02 must be populated with accepted AN characters. | |
| X222.397.2400.REF02.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.397.2400.REF03.010 | 07/01/2011 | | REF03 | Description | AN | 1-80 | N/U | | | | 999 | E | IK403 = I10: Implementation "Not Used" Element Present" | Must not be present. | |
| X222.397.2400.REF04.010 | 07/01/2011 | | REF04 | REFERENCE IDENTIFIER | | | N/U | | | | 999 | E | IK403 = I10: Implementation "Not Used" Element Present" | Must not be present. | Pass through, syntax only. |
| X222.398.2400.REF.010 | 07/01/2011 | | REF | ADJUSTED REPRICED LINE ITEM REFERENCE NUMBER | | 1 | S | 2400 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2400.REF with REF01 = "9D" is allowed. | |
| X222.398.2400.REF01.010 | 07/01/2011 | | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | 9D | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.REF01 must be present. | |
| X222.398.2400.REF01.020 | 07/01/2011 | | REF01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.REF01 must be "9D". | |
| X222.398.2400.REF02.010 | 07/01/2011 | | REF02 | Adjusted Repriced Line Item Reference Number | AN | 1-50 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.REF02 must be present. | |
| X222.398.2400.REF02.020 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | | |
| X222.398.2400.REF02.030 | 07/01/2011 | | REF02 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2400.REF02 must be 1-50 characters. | |
| X222.398.2400.REF02.040 | 07/01/2011 | | REF02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 518: "Adjusted Repriced Line Item Reference Number" | | |
| X222.398.2400.REF02.050 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.REF02 must be populated with accepted AN characters. | |
| X222.398.2400.REF02.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.398.2400.REF03.010 | 07/01/2011 | | REF03 | Description | AN | 1-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.398.2400.REF04.010 | 07/01/2011 | | REF04 | REFERENCE IDENTIFIER | | | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.399.2400.REF.010 | 07/01/2011 | | REF | PRIOR AUTHORIZATION | | 5 | S | 2400 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only five iterations of 2400.REF with REF01 = "G1" are allowed. | |
| X222.399.2400.REF01.010 | 07/01/2011 | | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | G1 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.REF01 must be present. | |
| X222.399.2400.REF01.020 | 07/01/2011 | | REF01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.REF01 must be "G1". | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.399.2400.REF02.010 | 07/01/2011 | | REF02 | Prior Authorization or Referral Number | AN | 1-50 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.REF02 must be present. | |
| X222.399.2400.REF02.020 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.REF02 must contain at least one non-space character. | |
| X222.399.2400.REF02.030 | 07/01/2011 | | REF02 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2400.REF02 must be 1 - 50 characters. | |
| X222.399.2400.REF02.040 | 07/01/2011 | | REF02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 252: "Entity's authorization/certification number" EIC: PR "Payer" | | |
| X222.399.2400.REF02.050 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.REF02 must be populated with accepted AN characters. | |
| X222.399.2400.REF02.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.399.2400.REF03.010 | 07/01/2011 | | REF03 | Description | AN | 1-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.399.2400.REF04.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.399.2400.REF04-1.010 | 07/01/2011 | | REF04-1 | Reference Identifier Qualifier | ID | 2-3 | R | | | 2U | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.REF04-1 must be "2U". | |
| X222.399.2400.REF04-2.010 | 07/01/2011 | | REF04-2 | Other Payer Primary Identifier | AN | 1-50 | R | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2400.REF04-1 is present, 2400.REF04-2 must be present. | |
| X222.399.2400.REF04-2.020 | 07/01/2011 | | REF04-2 | | | | | | | | 999 | R | IK403 = 12: "Implementation Pattern Match Failure" | 2400.REF04-2 must = 2330B.NM109 | |
| X222.399.2400.REF04-3.010 | 07/01/2011 | | REF04-3 | Reference Identification Qualifier | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.399.2400.REF04-4.010 | 07/01/2011 | | REF04-4 | Reference Identification | AN | 1-50 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.399.2400.REF04-5.010 | 07/01/2011 | | REF04-5 | Reference Identification Qualifier | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.399.2400.REF04-6.010 | 07/01/2011 | | REF04-6 | Reference Identification | AN | 1-50 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.401.2400.REF.010 | 07/01/2011 | | REF | LINE ITEM CONTROL NUMBER | | 1 | S | 2400 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2400.REF with REF01 = "6R" is allowed. | |
| X222.401.2400.REF01.010 | 07/01/2011 | | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | 6R | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.REF01 must be present. | |
| X222.401.2400.REF01.020 | 07/01/2011 | | REF01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.REF01 must be "6R". | |
| X222.401.2400.REF02.010 | 07/01/2011 | | REF02 | Line Item Control Number | AN | 1-50 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.REF02 must be present. | |
| X222.401.2400.REF02.020 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.REF02 must contain at least one non-space character. | Implementation Limitation |
| X222.401.2400.REF02.030 | 07/01/2011 | | REF02 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2400.REF02 must be 1 - 30 characters. | |
| X222.401.2400.REF02.040 | 07/01/2011 | | REF02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 584: "Line Item Control Number" | | |
| X222.401.2400.REF02.050 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.REF02 must be populated with accepted AN characters. | |
| X222.401.2400.REF02.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.401.2400.REF02.070 | 07/01/2011 | | REF02 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 584: "Line Item Control Number" | 2400.REF02 must be unique within a single iteration of 2300.CLM01. | |
| X222.401.2400.REF03.010 | 07/01/2011 | | REF03 | Description | AN | 1-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.401.2400.REF04.010 | 07/01/2011 | | REF04 | REFERENCE IDENTIFIER | | | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.403.2400.REF.010 | 07/01/2011 | | REF | MAMMOGRAPHY CERTIFICATION NUMBER | | 1 | S | 2400 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2400.REF with REF01 = "EW" is allowed. | |
| X222.403.2400.REF01.010 | 07/01/2011 | | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | EW | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.REF01 must be present. | |
| X222.403.2400.REF01.020 | 07/01/2011 | | REF01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.REF01 must be "EW". | |
| X222.403.2400.REF02.010 | 07/01/2011 | | REF02 | Mammography Certification Number | AN | 1-50 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.REF02 must be present. | |
| X222.403.2400.REF02.020 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.REF02 must contain at least one non-space character. | |
| X222.403.2400.REF02.030 | 07/01/2011 | | REF02 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2400.REF02 must be 1 - 50 characters. | 12-9-11 New CSC requested for "Mammography Certification number" |
| X222.403.2400.REF02.040 | 07/01/2011 | | REF02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 252: "Entity's authorization/certification number" EIC: MSC "Mammography Screening Center" | | |
| X222.403.2400.REF02.050 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.REF02 must be populated with accepted AN characters. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.403.2400.REF02.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.403.2400.REF02.070 | 07/01/2011 | | REF02 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 252: "Entity's authorization/certification number" EIC: MSC "Mammography Screening Center" | | |
| X222.403.2400.REF03.010 | 07/01/2011 | | REF03 | Description | AN | 1-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.403.2400.REF04.010 | 07/01/2011 | | REF04 | REFERENCE IDENTIFIER | | | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.404.2400.REF.010 | 07/01/2011 | | REF | CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) IDENTIFICATION | | 1 | S | 2400 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2400.REF with REF01 = "X4" is allowed. | |
| X222.404.2400.REF01.010 | 07/01/2011 | | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | X4 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.REF01 must be present. | |
| X222.404.2400.REF01.020 | 07/01/2011 | | REF01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.REF01 must be "X4". | |
| X222.404.2400.REF02.010 | 07/01/2011 | | REF02 | Clinical Laboratory Improvement Amendment Number | AN | 1-50 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.REF02 must be present. | |
| X222.404.2400.REF02.020 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.REF02 must contain at least one non-space character. | |
| X222.404.2400.REF02.030 | 07/01/2011 | | REF02 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2400.REF02 must be 1 - 50 characters. | |
| X222.404.2400.REF02.040 | 07/01/2011 | | REF02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 544: "Clinical Laboratory Improvement Amendment" | | |
| X222.404.2400.REF02.050 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.REF02 must be populated with accepted AN characters. | |
| X222.404.2400.REF02.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.404.2400.REF03.010 | 07/01/2011 | | REF03 | Description | AN | 1-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.404.2400.REF04.010 | 07/01/2011 | | REF04 | REFERENCE IDENTIFIER | | | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.405.2400.REF.010 | 07/01/2011 | | REF | REFERRING CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) FACILITY IDENTIFICATION | | 1 | S | 2400 | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 544: "Clinical Laboratory Improvement Amendment" | 2400.REF with REF01 = "F4" must be present when 2400.SV101-3, SV101-4,SV101-5 or SV101-6 are = "90", | |
| X222.405.2400.REF.020 | 07/01/2011 | | REF | | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2400.REF with REF01 = "F4" is allowed. | |
| X222.405.2400.REF01.010 | 07/01/2011 | | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | F4 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.REF01 must be present. | |
| X222.405.2400.REF01.020 | 07/01/2011 | | REF01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.REF01 must be "F4". | |
| X222.405.2400.REF02.010 | 07/01/2011 | | REF02 | Referring CLIA Number | AN | 1-50 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.REF02 must be present. | |
| X222.405.2400.REF02.020 | 07/01/2011 | | REF02 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2400.REF02 must be 1 - 50 characters. | |
| X222.405.2400.REF02.030 | 07/01/2011 | | REF02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 544: "Clinical Laboratory Improvement Amendment" | | |
| X222.405.2400.REF02.040 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.REF02 must be populated with accepted AN characters. | |
| X222.405.2400.REF02.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.405.2400.REF02.060 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.REF02 must contain at least one non-space character. | |
| X222.405.2400.REF03.010 | 07/01/2011 | | REF03 | Description | AN | 1-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.405.2400.REF04.010 | 07/01/2011 | | REF04 | REFERENCE IDENTIFIER | | | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.406.2400.REF.010 | 07/01/2011 | | REF | IMMUNIZATION BATCH NUMBER | | 1 | S | 2400 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2400.REF with REF01 = "BT" is allowed. | |
| X222.406.2400.REF01.010 | 07/01/2011 | | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | BT | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.REF01 must be present. | |
| X222.406.2400.REF01.020 | 07/01/2011 | | REF01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.REF01 must be "BT". | |
| X222.406.2400.REF02.010 | 07/01/2011 | | REF02 | Immunization Batch Number | AN | 1-50 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.REF02 must be present. | |
| X222.406.2400.REF02.020 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.REF02 must contain at least one non-space character. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.406.2400.REF02.030 | 07/01/2011 | | REF02 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2400.REF02 must be 1 - 50 characters. | |
| X222.406.2400.REF02.035 | 07/01/2011 | | REF02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 576: "Immunization Batch Number" | | |
| X222.406.2400.REF02.040 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.REF02 must be populated with accepted AN characters. | |
| X222.406.2400.REF02.050 | 07/01/2011 | | REF02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 576: "Immunization Batch Number" | | |
| X222.406.2400.REF03.010 | 07/01/2011 | | REF03 | Description | AN | 1-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.406.2400.REF04.010 | 07/01/2011 | | REF04 | REFERENCE IDENTIFIER | | | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.407.2400.REF.010 | 07/01/2011 | | **REF** | **REFERRAL NUMBER** | | 5 | S | 2400 | | | **999** | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only five iterations of 2400.REF with REF01 = "9F" are allowed. | |
| X222.407.2400.REF01.010 | 07/01/2011 | | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | 9F | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.REF01 must be present. | |
| X222.407.2400.REF01.020 | 07/01/2011 | | REF01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.REF01 must be "9F". | |
| X222.407.2400.REF02.010 | 07/01/2011 | | REF02 | Referral Number | AN | 1-50 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.REF02 must be present. | |
| X222.407.2400.REF02.020 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.REF02 must contain at least one non-space character. | |
| X222.407.2400.REF02.030 | 07/01/2011 | | REF02 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2400.REF02 must be 1 - 50 characters. | |
| X222.407.2400.REF02.035 | 07/01/2011 | | REF02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 761: "Entity's referral number" EIC: PR "Payer" | | |
| X222.407.2400.REF02.040 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.REF02 must be populated with accepted AN characters. | |
| X222.407.2400.REF02.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.407.2400.REF03.010 | 07/01/2011 | | REF03 | Description | AN | 1-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.407.2400.REF04.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.407.2400.REF04-1.010 | 07/01/2011 | | REF04-1 | Reference Identifier Qualifier | ID | 2-3 | R | | | 2U | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.REF04-1 must be "2U". | |
| X222.407.2400.REF04-2.010 | 07/01/2011 | | REF04-2 | Other Payer Primary Identifier | AN | 1-50 | R | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2400.REF04-1 is present, 2400.REF04-2 must be present. | |
| X222.407.2400.REF04-2.020 | 07/01/2011 | | REF04-2 | | | | | | | | 999 | R | IK403 = 12: "Implementation Pattern Match Failure" | 2400.REF04-2 must = 2330B.NM109 | |
| X222.407.2400.REF04-3.010 | 07/01/2011 | | REF04-3 | Reference Identification Qualifier | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.407.2400.REF04-4.010 | 07/01/2011 | | REF04-4 | Reference Identification | AN | 1-50 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.407.2400.REF04-5.010 | 07/01/2011 | | REF04-5 | Reference Identification Qualifier | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.407.2400.REF04-6.010 | 07/01/2011 | | REF04-6 | Reference Identification | AN | 1-50 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | 06/04: Pass through, syntax only |
| X222.409.2400.AMT.010 | 07/01/2011 | | **AMT** | **SALES TAX AMOUNT** | | 1 | S | 2400 | | | **999** | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2400.AMT with AMT01 = "T" is allowed. | |
| X222.409.2400.AMT01.010 | 07/01/2011 | | AMT01 | Amount Qualifier Code | ID | 1-3 | R | | | T | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.AMT01 must be present. | |
| X222.409.2400.AMT01.020 | 07/01/2011 | | AMT01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.AMT01 must be "T". | |
| X222.409.2400.AMT02.010 | 07/01/2011 | | AMT02 | Sales Tax Amount | R | 1-18 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.AMT02 must be present. | |
| X222.409.2400.AMT02.020 | 07/01/2011 | | AMT02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.AMT02 must be numeric. | |
| X222.409.2400.AMT02.030 | 07/01/2011 | | AMT02 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2400.AMT02 Must be <= 99,999.99. | |
| X222.409.2400.AMT02.040 | 07/01/2011 | | AMT02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 645: "Service Tax Amount" | | |
| X222.409.2400.AMT02.050 | 07/01/2011 | | AMT02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 697: "Invalid Decimal Precision" CSC 645: "Service Tax Amount" | 2400.AMT02 is limited to 0, 1 or 2 decimal positions. | |
| X222.409.2400.AMT03.010 | 07/01/2011 | | AMT03 | Credit/Debit Flag Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | 06/04: Pass through, syntax only |
| X222.410.2400.AMT.010 | 07/01/2011 | | **AMT** | **POSTAGE CLAIMED AMOUNT** | | 1 | S | 2400 | | | **999** | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2400.AMT with AMT01 = "F4" is allowed. | |
| X222.410.2400.AMT01.010 | 07/01/2011 | | AMT01 | Amount Qualifier Code | ID | 1-3 | R | | | F4 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.AMT01 must be present. | |
| X222.410.2400.AMT01.020 | 07/01/2011 | | AMT01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.AMT01 must be "F4". | |
| X222.410.2400.AMT02.010 | 07/01/2011 | | AMT02 | Postage Claimed Amount | R | 1-18 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.AMT02 must be present. | |
| X222.410.2400.AMT02.020 | 07/01/2011 | | AMT02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.AMT02 must be numeric. | |
| X222.410.2400.AMT02.025 | 07/01/2011 | | AMT02 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2400.AMT02 Must be <= 99,999.99. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.410.2400.AMT02.030 | 07/01/2011 | | AMT02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 617: "Postage Claimed Amount" | | |
| X222.410.2400.AMT02.040 | 07/01/2011 | | AMT02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 697: "Invalid Decimal Precision" CSC 617: "Postage Claimed Amount" | 2400.AMT02 is limited to 0, 1 or 2 decimal positions. | |
| X222.410.2400.AMT03.010 | 07/01/2011 | | AMT03 | Credit/Debit Flag Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.411.2400.K3.010 | 07/01/2011 | | K3 | FILE INFORMATION | | 10 | S | 2400 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only ten iterations of 2400.K3 are allowed. | |
| X222.411.2400.K301.010 | 07/01/2011 | | K301 | Fixed Format Information | AN | 1-80 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.K301 must be present. | |
| X222.411.2400.K301.020 | 07/01/2011 | | K301 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2400.K301 must be 1 - 80 characters | |
| X222.411.2400.K301.030 | 07/01/2011 | | K301 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 569: "Fixed Format Information" | | |
| X222.411.2400.K301.040 | 07/01/2011 | | K301 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.K301 must be populated with accepted AN characters. | |
| X222.411.2400.K301.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.411.2400.K301.060 | 07/01/2011 | | K301 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.K301 must contain at least one non-space character. | |
| X222.411.2400.K302.010 | 07/01/2011 | | K302 | Record Format Code | ID | 1-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.411.2400.K303.010 | 07/01/2011 | | K303 | COMPOSITE UNIT OF MEASURE | | | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.413.2400.NTE.010 Edit Deactivated | 07/01/2011 | 07/01/2012 | | | | | | | | | | | | | |
| X222.413.2400.NTE.020 | 07/01/2011 | | NTE | LINE NOTE | | 1 | S | 2400 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2400.NTE with NTE01 = "ADD" or "DCP "is allowed. | |
| X222.413.2400.NTE01.010 | 07/01/2011 | | NTE01 | Note Reference Code | ID | 3-3 | R | | | ADD, DCP | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.NTE01 must be present. | |
| X222.413.2400.NTE01.020 | 07/01/2011 | | NTE01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.NTE01 must be valid values. | |
| X222.413.2400.NTE02.010 | 07/01/2011 | | NTE02 | Line Note Text | AN | 1-80 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.NTE02 must be present. | |
| X222.413.2400.NTE02.020 | 07/01/2011 | | NTE02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.NTE02 must contain at least one non-space character. | |
| X222.413.2400.NTE02.030 | 07/01/2011 | | NTE02 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2400.NTE02 must be 1 - 80 characters. | |
| X222.413.2400.NTE02.040 | 07/01/2011 | | NTE02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 586: "Line Note Text" | | |
| X222.413.2400.NTE02.050 | 07/01/2011 | | NTE02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.NTE02 must be populated with accepted AN characters. | |
| X222.413.2400.NTE02.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.414.2400.NTE.010 | 07/01/2011 | | NTE | THIRD PARTY ORGANIZATION NOTE | | 1 | S | 2400 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2400.NTE with NTE01 = "TPO" is allowed. | |
| X222.414.2400.NTE01.010 | 07/01/2011 | | NTE01 | Third Party Organization Notes | ID | 3-3 | R | | | TPO | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.NTE01 must be present. | |
| X222.414.2400.NTE01.020 | 07/01/2011 | | NTE01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2400.NTE01 must be "TPO". | |
| X222.414.2400.NTE02.010 | 07/01/2011 | | NTE02 | Line Note Text | AN | 1-80 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.NTE02 must be present. | |
| X222.414.2400.NTE02.020 | 07/01/2011 | | NTE02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.NTE02 must contain at least one non-space character. | |
| X222.414.2400.NTE02.030 | 07/01/2011 | | NTE02 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2400.NTE02 must be 1 - 80 characters. | |
| X222.414.2400.NTE02.040 | 07/01/2011 | | NTE02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 586: "Line Note Text" EIC: TU "Third Party Repricing Organization (TPO)" | | |
| X222.414.2400.NTE02.050 | 07/01/2011 | | NTE02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2400.NTE02 must be populated with accepted AN characters. | |
| X222.414.2400.NTE02.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.415.2400.PS1.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.415.2400.PS1.015 | 07/01/2011 | | PS1 | PURCHASED SERVICE INFORMATION | | 1 | S | 2400 | | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error." CSC 21: "Missing or invalid information." CSC 124: "Entity's name, address, phone and id number." EIC: QB "Purchased Service Provider" | If 2420B.NM1 with NM101 = "QB" is present, 2400.PS1 must be present. | |
| X222.415.2400.PS1.020 | 07/01/2011 | | PS1 | | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2400.PS1 is allowed. | |
| X222.415.2400.PS101.010 | 07/01/2011 | | PS101 | Purchased Service Provider Identifier | AN | 1-50 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2400.PS101 must be present. | |
| X222.415.2400.PS101.020 | 07/01/2011 | | PS101 | | | | | | | | 999 | R | IK403 = I12: "Implementation Pattern Match Failure" | 2400.PS101 must = 2420B.NM109 or 2420B.REF02 | |
| X222.415.2400.PS101.025 | 07/01/2011 | 07/01/2012 | | | | | | | | | | | | | |
| X222.415.2400.PS102.005 | 07/01/2012 | | PS102 | Purchased Service Charge Amount | R | 1-18 | R | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2400.PS102 must be > 0 and <= 99,999.99. | |
| X222.415.2400.PS102.010 | 07/01/2011 | | PS102 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 469: "Purchase Service Charge" | | |
| X222.415.2400.PS103.010 | 07/01/2011 | | PS103 | State or Province Code | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.416.2400.HCP.005 | 04/01/2012 | | HCP | LINE PRICING REPRICING INFORMATION | | 1 | S | 2400 | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 64: "Re-pricing information." | Segment must not be present. | |
| X222.416.2400.HCP.010 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.416.2400.HCP01.010 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.416.2400.HCP01.020 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.416.2400.HCP02.010 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.416.2400.HCP02.020 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.416.2400.HCP02.030 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.416.2400.HCP03.010 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.416.2400.HCP03.020 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.416.2400.HCP04.010 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.416.2400.HCP04.020 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.416.2400.HCP04.030 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.416.2400.HCP04.040 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.416.2400.HCP04.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.416.2400.HCP05.010 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.416.2400.HCP05.020 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.416.2400.HCP06.010 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.416.2400.HCP06.020 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.416.2400.HCP06.030 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.416.2400.HCP06.040 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.416.2400.HCP06.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.416.2400.HCP07.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.416.2400.HCP07.020 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.416.2400.HCP07.030 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.416.2400.HCP08.010 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.416.2400.HCP09.010 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.416.2400.HCP09.020 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.416.2400.HCP10.010 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.416.2400.HCP10.020 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.416.2400.HCP11.010 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.416.2400.HCP11.020 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.416.2400.HCP12.010 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.416.2400.HCP12.020 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.416.2400.HCP12.030 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.416.2400.HCP12.040 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.416.2400.HCP13.010 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.416.2400.HCP14.010 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.416.2400.HCP15.010 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.423.2410.LIN.010 | 07/01/2011 | | LIN | DRUG IDENTIFICATION | | 1 | S | 2410 | 1 | | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only one iteration of 2410.LIN is allowed. | |
| X222.423.2410.LIN.020 | 07/01/2011 | | LIN | | | | | | | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error. CSC 21: "Missing or invalid information." CSC 218: "NDC number" | 2410.LIN must be present when 2400.SV101-1 contains default HCPCS | |
| X222.423.2410.LIN01.010 | 07/01/2011 | | LIN01 | Assigned Identification | AN | 1-20 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222A1.023.2410.LIN02.010 | 07/01/2011 | | LIN02 | Product or Service ID Qualifier | ID | 2-2 | R | | | N4, EN, EO, HI, ON, UK, UP | 999 | R | IK403 = 1: "Required Data Element Missing" | 2410.LIN02 must be present. | Companion guide note needed. |
| X222.423.2410.LIN02.020 | 07/01/2011 | | LIN02 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2410.LIN02 must be "N4". | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.423.2410.LIN03.010 | 07/01/2011 | | LIN03 | National Drug Code | AN | 1-48 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2410.LIN03 must be present. | |
| X222.423.2410.LIN03.020 Edit Deactivated | 07/01/2011 | 07/01/2012 | | | | | | | | | | | | | |
| X222.423.2410.LIN03.025 | 07/01/2012 | | LIN03 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 218 NDC Number | 2410.LIN03 must be 11 bytes alpha-numeric | Valid HCPCS reference must be available for this edit. |
| X222.423.2410.LIN03.030 | 07/01/2011 | | LIN03 | | | | | | | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error. CSC 218: "NDC number" CSC 507: "HCPCS" | 2410.LIN03 must be valid with an associated default HCPCS code. | Valid HCPCS reference must be available for this edit. |
| X222.423.2410.LIN03.040 | 07/01/2011 | | LIN03 | | | | | | | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error. CSC 218: "NDC number" CSC 507: "HCPCS" | 2410.LIN03 must be valid with an associated default HCPCS code with the value of "Oral Cancer". | |
| X222.423.2410.LIN04.010 | 07/01/2011 | | LIN04 | Product/Service ID Qualifier | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.423.2410.LIN05.010 | 07/01/2011 | | LIN05 | Product/Service ID | AN | 1-48 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.423.2410.LIN06.010 | 07/01/2011 | | LIN06 | Product/Service ID Qualifier | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.423.2410.LIN07.010 | 07/01/2011 | | LIN07 | Product/Service ID | AN | 1-48 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.423.2410.LIN08.010 | 07/01/2011 | | LIN08 | Product/Service ID Qualifier | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.423.2410.LIN09.010 | 07/01/2011 | | LIN09 | Product/Service ID | AN | 1-48 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.423.2410.LIN10.010 | 07/01/2011 | | LIN10 | Product/Service ID Qualifier | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.423.2410.LIN11.010 | 07/01/2011 | | LIN11 | Product/Service ID | AN | 1-48 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.423.2410.LIN12.010 | 07/01/2011 | | LIN12 | Product/Service ID Qualifier | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.423.2410.LIN13.010 | 07/01/2011 | | LIN13 | Product/Service ID | AN | 1-48 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.423.2410.LIN14.010 | 07/01/2011 | | LIN14 | Product/Service ID Qualifier | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.423.2410.LIN15.010 | 07/01/2011 | | LIN15 | Product/Service ID | AN | 1-48 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.423.2410.LIN16.010 | 07/01/2011 | | LIN16 | Product/Service ID Qualifier | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.423.2410.LIN17.010 | 07/01/2011 | | LIN17 | Product/Service ID | AN | 1-48 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.423.2410.LIN18.010 | 07/01/2011 | | LIN18 | Product/Service ID Qualifier | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.423.2410.LIN19.010 | 07/01/2011 | | LIN19 | Product/Service ID | AN | 1-48 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.423.2410.LIN20.010 | 07/01/2011 | | LIN20 | Product/Service ID Qualifier | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.423.2410.LIN21.010 | 07/01/2011 | | LIN21 | Product/Service ID | AN | 1-48 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.423.2410.LIN22.010 | 07/01/2011 | | LIN22 | Product/Service ID Qualifier | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.423.2410.LIN23.010 | 07/01/2011 | | LIN23 | Product/Service ID | AN | 1-48 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.423.2410.LIN24.010 | 07/01/2011 | | LIN24 | Product/Service ID Qualifier | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.423.2410.LIN25.010 | 07/01/2011 | | LIN25 | Product/Service ID | AN | 1-48 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.423.2410.LIN26.010 | 07/01/2011 | | LIN26 | Product/Service ID Qualifier | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.423.2410.LIN27.010 | 07/01/2011 | | LIN27 | Product/Service ID | AN | 1-48 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.423.2410.LIN28.010 | 07/01/2011 | | LIN28 | Product/Service ID Qualifier | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.423.2410.LIN29.010 | 07/01/2011 | | LIN29 | Product/Service ID | AN | 1-48 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.423.2410.LIN30.010 | 07/01/2011 | | LIN30 | Product/Service ID Qualifier | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.423.2410.LIN31.010 | 07/01/2011 | | LIN31 | Product/Service ID | AN | 1-48 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | Pass through, syntax only |
| X222.426.2410.CTP.010 | 07/01/2011 | | **CTP** | **DRUG PRICING** | | 1 | R | 2410 | | | **999** | **R** | IK304 = I6: "Implementation Dependent Segment Missing" | If 2410.LIN is present, 2410.CTP must be present. | |
| X222.426.2410.CTP.020 | 07/01/2011 | | **CTP** | | | | | | | | **999** | **R** | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2410.CTP is allowed. | |
| X222.426.2410.CTP01.010 | 07/01/2011 | | CTP01 | Class of Trade Code | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.426.2410.CTP02.010 | 07/01/2011 | | CTP02 | Price Identifier Code | ID | 3-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.426.2410.CTP03.010 | 07/01/2011 | | CTP03 | Unit Price | | 1-17 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.426.2410.CTP04.010 | 07/01/2011 | | CTP04 | National Drug Unit Count | R | 1-15 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2410.CTP04 must be present. | 03/31: Medicare specific limitation. Companion Guide Note needed. |
| X222.426.2410.CTP04.015 | 07/01/2011 | | CTP04 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2410.CTP04 must be > 0 and <= 9,999,999,999. | |
| X222.426.2410.CTP04.020 | 07/01/2011 | | CTP04 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 216 "Drug information" | | 03/31: Medicare specific limitation. Companion Guide Note needed. |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.426.2410.CTP04.030 | 07/01/2011 | | CTP04 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 697: "Invalid Decimal Precision" CSC 216 "Drug information" | 2410.CTP04 is limited to 3 decimal positions. | |
| X222.426.2410.CTP05.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.426.2410.CTP05-1.010 | 07/01/2011 | | CTP05-1 | Unit or Basis For Measurement Code | ID | 2-2 | R | | | F2, GR, ME, ML, UN | 999 | R | IK403 = 1: "Required Data Element Missing" | 2410. CTP05-1 must be present. | |
| X222.426.2410.CTP05-1.020 | 07/01/2011 | | CTP05-1 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2410.CTP05-1 must be valid values. | Medicare currently requires that the covered oral-anti cancer drugs be reported in units. This edit will ensure that claims for these drugs will show them reported in units. This edit should be revisited should there be additional oral anti-cancer drugs covered by Medicare, or other drugs for which Medicare will require NDC codes on an ASC X12 837 professional claim. |
| X222.426.2410.CTP05-1.030 | | | | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 659 "Unit or Basis for Measurement Code" CSC 218 ("NDC number") | If 2410 LIN03 is found on file with an associated default HCPCS code having an "OD" proc option (Oral Cancer Drug DMERC Procedure), then 2410 CTP05-1 must = "UN". | |
| X222.426.2410.CTP05-2.010 | 07/01/2011 | | CTP05-2 | Exponent | R | 1-15 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.426.2410.CTP05-3.010 | 07/01/2011 | | CTP05-3 | Multiplier | R | 1-10 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.426.2410.CTP05-4.010 | 07/01/2011 | | CTP05-4 | Unit or Basis For Measurement Code | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.426.2410.CTP05-5.010 | 07/01/2011 | | CTP05-5 | Exponent | R | 1-15 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.426.2410.CTP05-6.010 | 07/01/2011 | | CTP05-6 | Multiplier | R | 1-10 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.426.2410.CTP05-7.010 | 07/01/2011 | | CTP05-7 | Unit or Basis For Measurement Code | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.426.2410.CTP05-8.010 | 07/01/2011 | | CTP05-8 | Exponent | R | 1-15 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.426.2410.CTP05-9.010 | 07/01/2011 | | CTP05-9 | Multiplier | R | 1-10 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.426.2410.CTP05-10.010 | 07/01/2011 | | CTP05-10 | Unit or Basis For Measurement Code | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.426.2410.CTP05-11.010 | 07/01/2011 | | CTP05-11 | Exponent | R | 1-15 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.426.2410.CTP05-12.010 | 07/01/2011 | | CTP05-12 | Multiplier | R | 1-10 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.426.2410.CTP05-13.010 | 07/01/2011 | | CTP05-13 | Unit or Basis For Measurement Code | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.426.2410.CTP05-14.010 | 07/01/2011 | | CTP05-14 | Exponent | R | 1-15 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.426.2410.CTP05-15.010 | 07/01/2011 | | CTP05-15 | Multiplier | R | 1-10 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.426.2410.CTP06.010 | 07/01/2011 | | CTP06 | Price Multiplier Qualifier | ID | 3-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.426.2410.CTP07.010 | 07/01/2011 | | CTP07 | Multiplier | R | 1-10 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.426.2410.CTP08.010 | 07/01/2011 | | CTP08 | Monetary Amount | R | 1-18 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.426.2410.CTP09.010 | 07/01/2011 | | CTP09 | Basis of Unit Price Code | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.426.2410.CTP10.010 | 07/01/2011 | | CTP10 | Condition Value | AN | 1-10 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.426.2410.CTP11.010 | 07/01/2011 | | CTP11 | Multiple Price Quantity | N0 | 1-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.428.2410.REF.010 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.428.2410.REF.020 | 07/01/2011 | | REF | PRESCRIPTION OR COMPOUND DRUG ASSOCIATION NUMBER | | 1 | S | 2410 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2410.REF is allowed. | |
| X222.428.2410.REF.030 | 07/01/2011 | | REF | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 219: "Prescription number." | If SV101-3, SV101-4,SV101-5 or SV101-6 are = "J1", 2410.REF with REF01 = "XZ" must be present. | |
| X222.428.2410.REF01.010 | 07/01/2011 | | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | VY, XZ | 999 | R | IK403 = 1: "Required Data Element Missing" | 2410.REF01 must be present. | |
| X222.428.2410.REF01.020 | 07/01/2011 | | REF01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2410.REF01 must be valid values. | |
| X222.428.2410.REF02.010 | 07/01/2011 | | REF02 | Prescription Number | AN | 1-50 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2410.REF02 must be present. | |
| X222.428.2410.REF02.020 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2410.REF02 must be at least one non-space character | |
| X222.428.2410.REF02.030 | 07/01/2011 | | REF02 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2410.REF02 must be 1 - 50 characters. | |
| X222.428.2410.REF02.035 | 07/01/2011 | | REF02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 219: "Prescription number" | | |
| X222.428.2410.REF02.040 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2410.REF02 must be populated with accepted AN characters. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.428.2410.REF02.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.428.2410.REF03.010 | 07/01/2011 | | REF03 | Description | AN | 1-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.428.2410.REF04.010 | 07/01/2011 | | REF04 | REFERENCE IDENTIFIER | | | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.430.2420A.NM1.010 | 07/01/2011 | | NM1 | RENDERING PROVIDER NAME | | 1 | S | 2420A | 1 | | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only one iteration of 2420A.NM1 is allowed. | |
| X222.430.2420A.NM101.010 | 07/01/2011 Revised 01/06/2020 | | NM101 | Entity Identifier Code | ID | 2-3 | R | | | 82 | 999 | R | IK304 = 2: "Unexpected segment" | 2420A.NM101 must be present and a valid value. | |
| X222.430.2420A.NM101.020 Edit Deactivated | 07/01/2011 | 01/06/2020 | | | | | | | | | | | | | |
| X222.430.2420A.NM102.010 | 07/01/2011 | | NM102 | Entity Type Qualifier | ID | 1-1 | R | | | 1,2 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420A.NM102 must be present. | |
| X222.430.2420A.NM102.020 | 07/01/2011 | | NM102 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2420A.NM102 must be valid values. | |
| X222.430.2420A.NM103.010 | 07/01/2011 | | NM103 | Rendering Provider Last or Organization Name | AN | 1-60 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420A.NM103 must be present. | |
| X222.430.2420A.NM103.020 | 07/01/2011 | | NM103 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420A.NM103 must contain at least one non-space character. | |
| X222.430.2420A.NM103.030 | 07/01/2011 | | NM103 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2420A.NM103 must be 1 - 60 characters. | |
| X222.430.2420A.NM103.040 | 07/01/2011 | | NM103 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 504: "Entity's Last Name" EIC: 82 "Rendering Provider" | | |
| X222.430.2420A.NM103.050 | 07/01/2011 | | NM103 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420A.NM103 must be populated with accepted AN characters. | |
| X222.430.2420A.NM103.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.430.2420A.NM104.010 | 07/01/2011 | | NM104 | Rendering Provider First Name | AN | 1-35 | S | | | | 999 | R | IK403 = I13: "Implementation Dependent "Not Used" Data Element Present" | If 2420A.NM102 is "2", 2420A.NM104 must not be present. | |
| X222.430.2420A.NM104.020 | 07/01/2011 | | NM104 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420A.NM104 must contain at least one non-space character. | |
| X222.430.2420A.NM104.030 | 07/01/2011 | | NM104 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2420A.NM104 must be 1 - 35 characters. | |
| X222.430.2420A.NM104.040 | 07/01/2011 | | NM104 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 505: "Entity's First Name" EIC: 82 "Rendering Provider" | | |
| X222.430.2420A.NM104.050 | 07/01/2011 | | NM104 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420A.NM104 must be populated with accepted AN characters. | |
| X222.430.2420A.NM104.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.430.2420A.NM105.010 | 07/01/2011 | | NM105 | Rendering Provider Middle Name | AN | 1-25 | S | | | | 999 | R | IK403 = I13: "Implementation Dependent "Not Used" Data Element Present" | If 2420A.NM102 is "2", 2420A.NM105 must not be present. | |
| X222.430.2420A.NM105.020 | 07/01/2011 | | NM105 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420A.NM105 must contain at least one non-space character. | |
| X222.430.2420A.NM105.030 | 07/01/2011 | | NM105 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2420A.NM105 must be 1 - 25 characters. | |
| X222.430.2420A.NM105.040 | 07/01/2011 | | NM105 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 514: "Entity's Middle Name" EIC: 82 "Rendering Provider" | | |
| X222.430.2420A.NM105.050 | 07/01/2011 | | NM105 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420A.NM105 must be populated with accepted AN characters. | To prevent continued processing and later rejection of claims (CWF) having an incorrect character in this position, such as a paren. |
| X222.430.2420A.NM105.055 | 04/01/2013 | | NM105 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 514: "Entity's Middle Name" EIC: 82 "Rendering Provider" | The first position of 2420A.NM105 must be alphabetic (A…Z). | |
| X222.430.2420A.NM105.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.430.2420A.NM106.010 | 07/01/2011 | | NM106 | Name Prefix | AN | 1-10 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.430.2420A.NM107.010 | 07/01/2011 | | NM107 | Rendering Provider Name Suffix | AN | 1-10 | S | | | | 999 | R | IK403 = I13: "Implementation Dependent "Not Used" Data Element Present" | If 2420A.NM102 is "2", 2420A.NM107 must not be present. | |
| X222.430.2420A.NM107.020 | 07/01/2011 | | NM107 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2420A.NM107 must be 1 - 10 characters. | |
| X222.430.2420A.NM107.030 | 07/01/2011 | | NM107 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 125: "Entity's Name" EIC: 82 "Rendering Provider" | | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.430.2420A.NM107.040 | 07/01/2011 | | NM107 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420A.NM107 must be populated with accepted AN characters. | |
| X222.430.2420A.NM107.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.430.2420A.NM108.010 | 07/01/2011 | | NM108 | Identification Code Qualifier | ID | 1-2 | S | | | XX | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error" CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: 82 "Rendering Provider" | | Everyone but Trailblazer or JH (Texas); as appropriate for current MAC contract for VA MRA Project claims. 01/20: Companion Guide Note needed. |
| X222.430.2420A.NM108.020 | 07/01/2011 | | NM108 | | | | | | | | 277 | C | CSCC A6: "Acknowledgement/Rejected for Missing Information…" CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: 82 "Rendering Provider" | 2420A.NM108 must be present. | Does not apply to TrailBlazer or JH (Texas); as appropriate for current MAC contract for VA MRA Project claims. |
| X222.430.2420A.NM108.030 | 07/01/2011 | | NM108 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2420A.NM108 must be "XX". | |
| X222.430.2420A.NM109.010 | 07/01/2011 | | NM109 | Rendering Provider Identifier | AN | 2-80 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2420A.NM108 is present, 2420A.NM109 must be present. | |
| X222.430.2420A.NM109.020 | 07/01/2011 | | NM109 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: 82 "Rendering Provider" | 2420A.NM109 must be valid according to the NPI algorithm. | |
| X222.430.2420A.NM109.030 | 07/01/2011 | | NM109 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: 82 "Rendering Provider" | 2420A.NM109 must be a valid NPI on the Crosswalk when evaluated with 1000B.NM109. | Valid NPI Crosswalk must be available for this edit. This edit does not apply for VA DMEPOS eMRA claims. |
| X222.430.2420A.NM109.040 | 07/01/2011 | | NM109 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: 82 "Rendering Provider" | The first position of 2420A.NM109 must be a "1". | |
| X222.430.2420A.NM110.010 | 07/01/2011 | | NM110 | Entity Relationship Code | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.430.2420A.NM111.010 | 07/01/2011 | | NM111 | Entity Identifier Code | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.430.2420A.NM112.010 | 07/01/2011 | | NM112 | Name Last or Organization Name | AN | 1-60 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.433.2420A.PRV.010 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.433.2420A.PRV.020 | 07/01/2011 | | PRV | RENDERING PROVIDER SPECIALTY INFORMATION | | 1 | S | 2420A | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2420A.PRV is allowed. | |
| X222.433.2420A.PRV01.010 | 07/01/2011 | | PRV01 | Provider Code | ID | 1-3 | R | | | PE | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420A.PRV01 must be present | |
| X222.433.2420A.PRV01.020 | 07/01/2011 | | PRV01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2420A.PRV01 must be "PE". | |
| X222.433.2420A.PRV02.010 | 07/01/2011 | | PRV02 | Reference Identification Qualifier | ID | 2-3 | R | | | PXC | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420A.PRV02 must be present. | |
| X222.433.2420A.PRV02.020 | 07/01/2011 | | PRV02 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2420A.PRV02 must be "PXC". | |
| X222.433.2420A.PRV03.010 | 07/01/2011 | | PRV03 | Provider Taxonomy Code | AN | 1-50 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420A.PRV03 must be present. | Valid Provider Taxonomy Code reference must be available for this edit. |
| X222.433.2420A.PRV03.020 | 07/01/2011 | | PRV03 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 145: "Entity's specialty/taxonomy code" EIC: 82 "Rendering Provider" | 2420A.PRV03 must be valid Taxonomy Code | |
| X222.433.2420A.PRV04.010 | 07/01/2011 | | PRV04 | State or Province Code | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.433.2420A.PRV05.010 | 07/01/2011 | | PRV05 | PROVIDER SPECIALTY INFORMATION | | | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.433.2420A.PRV06.010 | 07/01/2011 | | PRV06 | Provider Organization Code | ID | 3-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims. 01/20: Companion Guide Note needed. |
| X222.434.2420A.REF.010 | 07/01/2011 | | REF | RENDERING PROVIDER SECONDARY IDENTIFICATION | | 20 | S | 2420A | | | 999 | R | IK304 = I9: "Implementation Dependent "Not Used" Segment Present" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims. 01/20: Companion Guide Note needed. |
| X222.434.2420A.REF.020 | 07/01/2011 | | REF | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: 82 "Rendering Provider" | | Everyone but Trailblazer or JH (Texas); as appropriate for current MAC contract for VA MRA Project claims. 01/20: Companion Guide Note needed. |
| X222.434.2420A.REF.030 | 07/01/2011 | | REF | | | | | | | | 999 | R | IK304 = I9: "Implementation Dependent "Not Used" Segment Present" | 2420A.REF must not be present. | |
| X222.434.2420A.REF01.010 | 07/01/2011 | | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | 0B, 1G, G2, LU | 999 | R | IK403 = 1: "Required Data Element Missing" | Must not be present. | |
| X222.434.2420A.REF01.020 | 07/01/2011 | | REF01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | Must not be present. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.434.2420A.REF02.010 | 07/01/2011 | | REF02 | Rendering Provider Secondary Identifier | AN | 1-50 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | Must not be present. | |
| X222.434.2420A.REF02.020 | 07/01/2011 | | REF02 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 133: "Entity's UPIN" CSC 560: "Entity's Additional/Secondary Identifier" EIC: 82 "Rendering Provider" | Must not be present. | |
| X222.434.2420A.REF02.030 | 07/01/2011 | | REF02 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | Must not be present. | |
| X222.434.2420A.REF02.035 | 07/01/2011 | | REF02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 560: "Entity's Additional/Secondary Identifier" EIC: 82 "Rendering Provider" | | |
| X222.434.2420A.REF02.040 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | Must not be present. | |
| X222.434.2420A.REF02.045 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.434.2420A.REF02.050 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | Must not be present. | |
| X222.434.2420A.REF03.010 | 07/01/2011 | | REF03 | Description | AN | 1-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.434.2420A.REF04.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.434.2420A.REF04-1.010 | 07/01/2011 | | REF04-1 | Reference Identifier Qualifier | ID | 2-3 | R | | | 2U | 999 | R | IK403 = 7: "Invalid Code Value" | Must not be present. | |
| X222.434.2420A.REF04-2.010 | 07/01/2011 | | REF04-2 | Other Payer Primary Identifier | AN | 1-50 | R | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | Must not be present. | |
| X222.434.2420A.REF04-2.020 | 07/01/2011 | | REF04-2 | | | | | | | | 999 | R | IK403 = I12: "Implementation Pattern Match Failure" | Must not be present. | |
| X222.434.2420A.REF04-3.010 | 07/01/2011 | | REF04-3 | Reference Identification Qualifier | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.434.2420A.REF04-4.010 | 07/01/2011 | | REF04-4 | Reference Identification | AN | 1-50 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.434.2420A.REF04-5.010 | 07/01/2011 | | REF04-5 | Reference Identification Qualifier | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.434.2420A.REF04-6.010 | 07/01/2011 | | REF04-6 | Reference Identification | AN | 1-50 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.436.2420B.NM1.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.436.2420B.NM1.015 | 07/01/2011 | | NM1 | PURCHASED SERVICE PROVIDER NAME | | 1 | S | 2420B | 1 | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error." CSC 21: "Missing or invalid information." CSC 125: "Entity's name." EIC: QB "Purchased Service Provider" | If 2400.PS1 is present, 2420B.NM1 with NM101 = "QB" must be present. | |
| X222.436.2420B.NM1.020 | 07/01/2011 | | NM1 | | | | | | | | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only one iteration of 2420B.NM1 is allowed. | |
| X222.436.2420B.NM101.010 | 07/01/2011 Revised 01/06/2020 | | NM101 | Entity Identifier Code | ID | 2-3 | R | | | QB | 999 | R | IK304 = 2: "Unexpected segment" | 2420B.NM101 must be present and a valid value. | |
| X222.436.2420B.NM101.020 Edit Deactivated | 07/01/2011 | 01/06/2020 | | | | | | | | | | | | | |
| X222.436.2420B.NM102.010 | 07/01/2011 | | NM102 | Entity Type Qualifier | ID | 1-1 | R | | | 1, 2 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420B.NM102 must be present. | |
| X222.436.2420B.NM102.020 | 07/01/2011 | | NM102 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2420B.NM102 must be valid values. | |
| X222.436.2420B.NM103.010 | 07/01/2011 | | NM103 | Name Last or Organization Name | AN | 1-60 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.436.2420B.NM104.010 | 07/01/2011 | | NM104 | Name First | AN | 1-35 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.436.2420B.NM104.020 | 07/01/2011 | | NM104 | Name Middle | AN | 1-25 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.436.2420B.NM106.010 | 07/01/2011 | | NM106 | Name Prefix | AN | 1-10 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.436.2420B.NM107.010 | 07/01/2011 | | NM107 | Name Suffix | AN | 1-10 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims. 01/20: Companion Guide Note needed. |
| X222.436.2420B.NM108.010 | 07/01/2011 | | NM108 | Identification Code Qualifier | ID | 1-2 | S | | | XX | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error" CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: QB "Purchased Service Provider" | | Everyone but Trailblazer or JH (Texas), as appropriate for current MAC contract for VA MRA Project claims. 01/20: Companion Guide Note needed. |
| X222.436.2420B.NM108.020 | 07/01/2011 | | NM108 | | | | | | | | 277 | C | CSCC A6: "Acknowledgement/Rejected for Missing Information…" CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: QB "Purchased Service Provider" | 2420B.NM108 must be present. | Does not apply to TrailBlazer or JH (Texas), as appropriate for current MAC contract for VA MRA Project claims. |
| X222.436.2420B.NM108.030 | 07/01/2011 | | NM108 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2420B.NM108 must be "XX". | |
| X222.436.2420B.NM109.010 | 07/01/2011 | | NM109 | Purchased Service Provider Identifier | AN | 2-80 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2420B.NM108 is present, 2420B.NM109 must be present. | |
| X222.436.2420B.NM109.020 | 07/01/2011 | | NM109 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: QB "Purchased Service Provider" | 2420B.NM109 must be valid according to the NPI algorithm. | |
| X222.436.2420B.NM109.030 | 07/01/2011 | | NM109 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: QB "Purchased Service Provider" | The first position of 2420B.NM109 must be a "1". | |
| X222.436.2420B.NM110.010 | 07/01/2011 | | NM110 | Entity Relationship Code | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.436.2420B.NM111.010 | 07/01/2011 | | NM111 | Entity Identifier Code | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.436.2420B.NM112.010 | 07/01/2011 | | NM112 | Name Last or Organization Name | AN | 1-60 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims.) . |
| X222.439.2420B.REF.010 | 07/01/2011 | | REF | PURCHASED SERVICE PROVIDER SECONDARY IDENTIFICATION | | 20 | S | 2420B | | | 999 | R | IK304 = I9: "Implementation Dependent "Not Used" Segment Present" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims.) |
| X222.439.2420B.REF.020 | 07/01/2011 | | REF | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 732: "Information submitted | | Everyone but Trailblazer or JH (Texas); as appropriate for current MAC contract for VA MRA Project claims. 01/20: Companion Guide Note needed. |
| X222.439.2420B.REF.030 | 07/01/2011 | | REF | | | | | | | | 999 | R | IK304 = I9: "Implementation Dependent "Not Used" Segment Present" | 2420B.REF must not be present. | |
| X222.439.2420B.REF01.010 | 07/01/2011 | | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | 0B, 1G, G2 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420B.REF01 must be present | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims.) |
| X222.439.2420B.REF01.020 | 07/01/2011 | | REF01 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: QB "Purchased Service Provider" | | |
| X222.439.2420B.REF02.010 | 07/01/2011 | | REF02 | Purchased Service Provider Secondary Identifier | AN | 1-50 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420B.REF02 must be present. | |
| X222.439.2420B.REF02.020 | 07/01/2011 | | REF02 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 133: "Entity's UPIN" EIC: QB "Purchased Service Provider" | 2420B.REF02 must be in format ANNNNN or AAANNN (where A is an alpha character and N is a numeric digit). | |
| X222.439.2420B.REF03.010 | 07/01/2011 | | REF03 | Description | AN | 1-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.439.2420B.REF04.010 | 07/01/2011 | | REF04 | Reference Identifier Qualifier | | | | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.441.2420C.NM1.010 | 07/01/2011 | | NM1 | SERVICE FACILITY LOCATION NAME | | 1 | S | 2420C | 1 | | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | One iteration of 2420C.NM1 is allowed. | |
| X222.441.2420C.NM101.010 | 07/01/2011 Revised 01/06/2020 | | NM101 | Entity Identifier Code | ID | 2-3 | R | | | 77 | 999 | R | IK304 = 2: "Unexpected segment" | 2420C.NM101 must be present and a valid value. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.441.2420C.NM101.020 Edit Deactivated | 07/01/2011 | 01/06/2020 | | | | | | | | | | | | | |
| X222.441.2420C.NM102.010 | 07/01/2011 | | NM102 | Entity Type Qualifier | ID | 1-1 | R | | | 2 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420C.NM102 must be present. | |
| X222.441.2420C.NM102.020 | 07/01/2011 | | NM102 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2420C.NM102 must be "2". | |
| X222.441.2420C.NM103.010 | 07/01/2011 | | NM103 | Laboratory or Facility Name | AN | 1-60 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420C.NM103 must be present. | |
| X222.441.2420C.NM103.020 | 07/01/2011 | | NM103 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420C.NM103 must be at least one non-space character | |
| X222.441.2420C.NM103.030 | 07/01/2011 | | NM103 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2420C.NM103 must be 1 - 50 characters. | |
| X222.441.2420C.NM103.040 | 07/01/2011 | | NM103 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 504: "Entity's Last Name" EIC: 77 "Service Location" | | |
| X222.441.2420C.NM103.050 | 07/01/2011 | | NM103 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420C.NM103 must be populated with accepted AN characters. | |
| X222.441.2420C.NM103.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.441.2420C.NM104.010 | 07/01/2011 | | NM104 | Name First | AN | 1-35 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.441.2420C.NM105.010 | 07/01/2011 | | NM105 | Name Middle | AN | 1-25 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.441.2420C.NM106.010 | 07/01/2011 | | NM106 | Name Prefix | AN | 1-10 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.441.2420C.NM107.010 | 07/01/2011 | | NM107 | Name Suffix | AN | 1-10 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | Does not apply to TrailBlazer or JH (Texas); as appropriate for current MAC contract for VA MRA Project claims. |
| X222.441.2420C.NM108.010 | 07/01/2011 | | NM108 | Identification Code Qualifier | ID | 1-2 | S | | | XX | 999 | R | IK403 = 7: "Invalid Code Value" | 2420C.NM108 must be "XX". | |
| X222.441.2420C.NM109.010 | 07/01/2011 | | NM109 | Laboratory or Facility Primary Identifier | AN | 2-80 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2420C.NM108 is present, 2420C.NM109 must be present. | |
| X222.441.2420C.NM109.020 | 07/01/2011 | | NM109 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: 77 "Service Location" | 2420C.NM109 must be valid according to the NPI algorithm. | |
| X222.441.2420C.NM109.030 | 07/01/2011 | | NM109 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: 77 "Service Location" | The first position of 2420C.NM109 must be a "1". | |
| X222.441.2420C.NM110.010 | 07/01/2011 | | NM110 | Entity Relationship Code | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.441.2420C.NM111.010 | 07/01/2011 | | NM111 | Entity Identifier Code | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.441.2420C.NM112.010 | 07/01/2011 | | NM112 | Name Last or Organization Name | AN | 1-60 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.444.2420C.N3.010 | 07/01/2011 | | N3 | SERVICE FACILITY LOCATION ADDRESS | | 1 | R | 2420C | | | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | If 2420C.NM1 is present, 2420C.N3 must be present. | |
| X222.444.2420C.N3.020 | 07/01/2011 | | N3 | | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2420C.N3 is allowed. | |
| X222.444.2420C.N301.010 | 07/01/2011 | | N301 | Laboratory or Facility Address Line | AN | 1-55 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420C.N301 must be present. | |
| X222.444.2420C.N301.020 | 07/01/2011 | | N301 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420C.N301 must contain at least one non-space character. | |
| X222.444.2420C.N301.030 | 07/01/2011 | | N301 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2420C.N301 must be 1 - 55 characters. | |
| X222.444.2420C.N301.040 | 07/01/2011 | | N301 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 503: "Entity's Street address" EIC: 77 "Service Location" | | |
| X222.444.2420C.N301.050 | 07/01/2011 | | N301 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420C.N301 must be populated with accepted AN characters. | |
| X222.444.2420C.N301.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.444.2420C.N302.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.444.2420C.N302.020 | 07/01/2011 | | N302 | Laboratory or Facility Address Line | AN | 1-55 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420C.N302 must contain at least one non-space character. | |
| X222.444.2420C.N302.030 | 07/01/2011 | | N302 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2420C.N302 must be 1 - 55 characters. | |
| X222.444.2420C.N302.040 | 07/01/2011 | | N302 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 503: "Entity's Street address" EIC: 77 "Service Location" | | |
| X222.444.2420C.N302.050 | 07/01/2011 | | N302 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420C.N302 must be populated with accepted AN characters. | |
| X222.444.2420C.N302.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.445.2420C.N4.010 | 07/01/2011 | | N4 | SERVICE FACILITY LOCATION CITY/STATE/ZIP | | 1 | R | 2420C | | | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | If 2420C.NM1 is present, 2420C.N4 must be present. | |
| X222.445.2420C.N4.020 | 07/01/2011 | | N4 | | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2420C.N4 is allowed. | |
| X222.445.2420C.N401.010 | 07/01/2011 | | N401 | Laboratory or Facility City Name | AN | 2-30 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420C.N401 must be present. | |
| X222.445.2420C.N401.020 | 07/01/2011 | | N401 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420C.N401 must contain at least two non-space characters. | |
| X222.445.2420C.N401.030 | 07/01/2011 | | N401 | | | | | | | | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" | 2420C.N401 must be 2-30 characters. | |
| X222.445.2420C.N401.040 | 07/01/2011 | | N401 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 502: "Entity's City" EIC: 77 "Service Location" | | |
| X222.445.2420C.N401.050 | 07/01/2011 | | N401 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420C.N401 must be populated with accepted AN characters. | |
| X222.445.2420C.N401.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.445.2420C.N402.010 | 07/01/2011 | | N402 | Laboratory or Facility State or Province Code | ID | 2-2 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2420C.N404 is not present, 2420C.N402 must be present. | Valid State Code reference must be available for this edit. |
| X222.445.2420C.N402.020 | 07/01/2011 | | N402 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 501: "Entity's State/Province" EIC: 77 "Service Location" | 2420C.N402 must be a valid State Code. | |
| X222.445.2420C.N403.010 | 07/01/2011 | | N403 | Laboratory or Facility Postal Zone or ZIP Code | ID | 3-15 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2420C.N404 is not present, 2420C.N403 must be present. | Valid Zip Code reference must be available for this edit. |
| X222.445.2420C.N403.020 | 07/01/2011 | | N403 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 500: "Entity's Postal/Zip Code" EIC: 77 "Service Location" | 2420C.N403 must be a valid 9 digit Zip Code. | |
| X222.445.2420C.N404.010 | 07/01/2011 | | N404 | Service Facility Location Country Code | ID | 2-3 | S | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.445.2420C.N405.010 | 07/01/2011 | | N405 | Location Qualifier | ID | 1-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.445.2420C.N406.010 | 07/01/2011 | | N406 | Location Identifier | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.445.2420C.N407.005 | 07/01/2011 | | N407 | Country Subdivision Code | ID | 1-3 | S | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.445.2420C.N407.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.447.2420C.REF.010 | 07/01/2011 | | REF | SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION | | 3 | S | 2420C | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: 77 "Service Location" | 2420C.REF must not be present. | |
| X222.449.2420D.NM1.010 | 07/01/2011 | | NM1 | SUPERVISING PROVIDER NAME | | 1 | S | 2420D | 1 | | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only one iteration of 2420D.NM1 is allowed. | |
| X222.449.2420D.NM1.020 | 07/01/2011 | | NM1 | | | | | | | | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | If 2420D.NM1 is present, 2310D.NM1 must be present | |
| X222.449.2420D.NM101.010 | 07/01/2011 Revised 01/06/2020 | | NM101 | Entity Identifier Code | ID | 2-3 | R | | | DQ | 999 | R | IK304 = 2: "Unexpected segment" | 2420D.NM101 must be present and a valid value. | |
| X222.449.2420D.NM101.020 Edit Deactivated | 07/01/2011 | 01/06/2020 | | | | | | | | | | | | | |
| X222.449.2420D.NM102.010 | 07/01/2011 | | NM102 | Entity Type Qualifier | ID | 1-1 | R | | | 1 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420D.NM102 must be present. | |
| X222.449.2420D.NM102.020 | 07/01/2011 | | NM102 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2420D.NM102 must be "1". | |
| X222.449.2420D.NM103.010 | 07/01/2011 | | NM103 | Supervising Provider Last Name | AN | 1-60 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420D.NM103 must be present. | |
| X222.449.2420D.NM103.020 | 07/01/2011 | | NM103 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420D.NM103 must contain at least one non-space character. | |
| X222.449.2420D.NM103.030 | 07/01/2011 | | NM103 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2420D.NM103 must be 1 - 60 characters. | |
| X222.449.2420D.NM103.040 | 07/01/2011 | | NM103 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 504: "Entity's Last Name" EIC: DQ "Supervising Provider" | | |
| X222.449.2420D.NM103.050 | 07/01/2011 | | NM103 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420D.NM103 must be populated with accepted AN characters. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.449.2420D.NM103.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.449.2420D.NM104.010 | 07/01/2011 | | NM104 | Supervising Provider Name First | AN | 1-35 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420D.NM104 must contain at least one non-space character. | |
| X222.449.2420D.NM104.020 | 07/01/2011 | | NM104 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2420D.NM104 must be 1 - 35 characters. | |
| X222.449.2420D.NM104.030 | 07/01/2011 | | NM104 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 505: "Entity's First Name" EIC: DQ "Supervising Provider" | | |
| X222.449.2420D.NM104.040 | 07/01/2011 | | NM104 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420D.NM104 must be populated with accepted AN characters. | |
| X222.449.2420D.NM104.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.449.2420D.NM105.010 | 07/01/2011 | | NM105 | Supervising Provider Middle Name or Initial | AN | 1-25 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420D.NM105 must contain at least one non-space character. | |
| X222.449.2420D.NM105.020 | 07/01/2011 | | NM105 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2420D.NM105 must be 1 - 25 characters. | |
| X222.449.2420D.NM105.030 | 07/01/2011 | | NM105 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 514: "Entity's Middle Name" EIC: DQ "Supervising Provider" | | |
| X222.449.2420D.NM105.040 | 07/01/2011 | | NM105 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420D.NM105 must be populated with accepted AN characters. | To prevent continued processing and later rejection of claims (CWF) having an incorrect character in this position, such as a paren. |
| X222.449.2420D.NM105.045 | 04/01/2013 | | NM105 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 514: "Entity's Middle Name" EIC: DQ "Supervising Provider" | The first position of 2420D.NM105 must be alphabetic (A…Z). | |
| X222.449.2420D.NM105.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.449.2420D.NM106.010 | 07/01/2011 | | NM106 | Name Prefix | AN | 1-10 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.449.2420D.NM107.010 | 07/01/2011 | | NM107 | Supervising Provider Name Suffix | AN | 1-10 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420D.NM107 must contain at least one non-space character. | |
| X222.449.2420D.NM107.020 | 07/01/2011 | | NM107 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2420D.NM107 must be 1 -10 characters. | |
| X222.449.2420D.NM107.030 | 07/01/2011 | | NM107 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 125: "Entity's Name" EIC: DQ "Supervising Provider" | | |
| X222.449.2420D.NM107.040 | 07/01/2011 | | NM107 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420D.NM107 must be populated with accepted AN characters. | |
| X222.449.2420D.NM107.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.449.2420D.NM108.010 | 07/01/2011 | | NM108 | Identification Code Qualifier | ID | 1-2 | S | | | XX | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error." CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: DQ "Supervising Provider" | | Everyone but Trailblazer or JH (Texas); as appropriate for current MAC contract for VA MRA Project claims. 01/20: Companion Guide Note needed. |
| X222.449.2420D.NM108.020 | 07/01/2011 | | NM108 | | | | | | | | 277 | C | CSCC A6: "Acknowledgement/Rejected for Missing Information…" CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: DQ "Supervising Provider" | 2420D.NM108 must be present. | Does not apply to TrailBlazer or JH (Texas; as appropriate for current MAC contract for VA MRA Project claims.) |
| X222.449.2420D.NM108.030 | 07/01/2011 | | NM108 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2420D.NM108 must be "XX". | |
| X222.449.2420D.NM109.010 | 07/01/2011 | | NM109 | Supervising Provider Identifier | AN | 2-80 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2420D.NM108 is present, 2420D.NM109 must be present. | |
| X222.449.2420D.NM109.020 | 07/01/2011 | | NM109 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: DQ "Supervising Provider" | 2420D.NM109 must be valid according to the NPI algorithm. | |
| X222.449.2420D.NM109.030 | 07/01/2011 | | NM109 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: DQ "Supervising Provider" | The first position of 2420D.NM109 must be a "1". | |
| X222.449.2420D.NM110.010 | 07/01/2011 | | NM110 | Entity Relationship Code | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.449.2420D.NM111.010 | 07/01/2011 | | NM111 | Entity Identifier Code | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.449.2420D.NM112.010 | 07/01/2011 | | NM112 | Name Last or Organization Name | AN | 1-60 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims. 11/20: G2 is not valid for Medicare. 01/20: Companion Guide Note needed. |
| X222.452.2420D.REF.010 | 07/01/2011 | | REF | **SUPERVISING PROVIDER SECONDARY IDENTIFICATION** | | 20 | S | 2420D | | | 999 | R | **IK304 = I9: "Implementation Dependent "Not Used" Segment Present"** | | Trailblazer or JH (Texas), as appropriate for current MAC contract for VA MRA Project claims. |
| X222.452.2420D.REF.020 | 07/01/2011 | | REF | | | | | | | | 277 | C | **CSCC A7: "Acknowledgement/Rejected for Invalid Information…"** CSC 732: "Information submitted | | Everyone but Trailblazer or JH (Texas); as appropriate for current MAC contract for VA MRA Project claims. 01/20: Companion Guide Note needed. |
| X222.452.2420D.REF.030 | 07/01/2011 | | REF | | | | | | | | 999 | R | IK304 = I9: "Implementation Dependent "Not Used" Segment Present" | 2420D.REF must not be present. | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims. |
| X222.452.2420D.REF01.010 | 07/01/2011 | | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | 0B, 1G, G2, LU | 999 | R | IK403 = 1: "Required Data Element Missing" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims. |
| X222.452.2420D.REF01.020 | 07/01/2011 | | REF01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims. |
| X222.452.2420D.REF02.010 | 07/01/2011 | | REF02 | Supervising Provider Secondary Identifier | AN | 1-50 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims. |
| X222.452.2420D.REF02.020 | 07/01/2011 | | REF02 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 133: "Entity's UPIN" CSC 560 : "Entity's Additional/Secondary Identifier" EIC: DQ "Supervising Provider" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims. |
| X222.452.2420D.REF02.030 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims. |
| X222.452.2420D.REF02.040 | 07/01/2011 | | REF02 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims. |
| X222.452.2420D.REF02.050 | 07/01/2011 | | REF02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 560 : "Entity's Additional/Secondary Identifier" EIC: DQ "Supervising Provider" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims. |
| X222.452.2420D.REF02.060 | 07/01/2011 | | REF02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | | |
| X222.452.2420D.REF02.070 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.452.2420D.REF03.010 | 07/01/2011 | | REF03 | Description | AN | 1-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.452.2420D.REF04.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.452.2420D.REF04-1.010 Edit Deactivated | 07/01/2011 | 04/01/2012 | | | | | | | | | | | | | |
| X222.452.2420D.REF04-1.015 | 04/01/2012 | | REF04-1 | Reference Identifier Qualifier | ID | 2-3 | R | | | 2U | 999 | R | IK403 = 1: "Required Data Element Missing" | | Trailblazer or JH (Texas) only; as appropriate for current MAC contract for VA MRA Project claims. |
| X222.452.2420D.REF04-1.020 | 07/01/2011 | | REF04-1 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims. |
| X222.452.2420D.REF04-2.010 | 07/01/2011 | | REF04-2 | Other Payer Primary Identifier | AN | 1-50 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims. |
| X222.452.2420D.REF04-2.020 | 07/01/2011 | | REF04-2 | | | | | | | | 999 | R | IK403 = I12: "Implementation Pattern Match Failure" | | |
| X222.452.2420D.REF04-3.010 | 07/01/2011 | | REF04-3 | Reference Identification Qualifier | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.452.2420D.REF04-4.010 | 07/01/2011 | | REF04-4 | Reference Identification | AN | 1-50 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.452.2420D.REF04-5.010 | 07/01/2011 | | REF04-5 | Reference Identification Qualifier | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.452.2420D.REF04-6.010 | 07/01/2011 | | REF04-6 | Reference Identification | AN | 1-50 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.454.2420E.NM1.010 | 07/01/2011 | | NM1 | ORDERING PROVIDER NAME | | 1 | S | 2420E | 1 | | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | 2420E.NM1 must be present. | |
| X222.454.2420E.NM1.020 | 07/01/2011 | | NM1 | | | | | | | | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only one iteration of 2420E.NM1 is allowed. | |
| X222.454.2420E.NM101.010 | 07/01/2011 Revised 01/06/2020 | | NM101 | Entity Identifier Code | ID | 2-3 | R | | | DK | 999 | R | IK304 = 2: "Unexpected segment" | 2420E.NM101 must be present and a valid value. | |
| X222.454.2420E.NM101.020 Edit Deactivated | 07/01/2011 | 01/06/2020 | | | | | | | | | | | | | |
| X222.454.2420E.NM102.010 | 07/01/2011 | | NM102 | Entity Type Qualifier | ID | 1-1 | R | | | 1 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420E.NM102 must be present. | |
| X222.454.2420E.NM102.020 | 07/01/2011 | | NM102 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2420E.NM102 must be "1". | |
| X222.454.2420E.NM103.010 | 07/01/2011 | | NM103 | Ordering Provider Last Name | AN | 1-60 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420E.NM103 must be present. | |
| X222.454.2420E.NM103.020 | 07/01/2011 | | NM103 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420E.NM103 must contain at least one non-space character. | |
| X222.454.2420E.NM103.030 | 07/01/2011 | | NM103 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2420E.NM103 must be 1 - 60 characters. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.454.2420E.NM103.040 | 07/01/2011 | | NM103 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 504: "Entity's Last Name" EIC: DK "Ordering Physician" | | |
| X222.454.2420E.NM103.050 | 07/01/2011 | | NM103 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420E.NM103 must be populated with accepted AN characters. | |
| X222.454.2420E.NM103.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.454.2420E.NM104.010 | 07/01/2011 | | NM104 | Ordering Provider First Name | AN | 1-35 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420E.NM104 must contain at least one non-space character. | |
| X222.454.2420E.NM104.020 | 07/01/2011 | | NM104 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2420E.NM104 must be 1 - 35 characters. | |
| X222.454.2420E.NM104.030 | 07/01/2011 | | NM104 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 505: "Entity's First Name" EIC: DK "Ordering Physician" | | |
| X222.454.2420E.NM104.040 | 07/01/2011 | | NM104 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420E.NM104 must be populated with accepted AN characters. | |
| X222.454.2420E.NM104.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.454.2420E.NM105.010 | 07/01/2011 | | NM105 | Ordering Provider Middle Name or Initial | AN | 1-25 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420E.NM105 must contain at least one non-space character. | |
| X222.454.2420E.NM105.020 | 07/01/2011 | | NM105 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2420E.NM105 must be 1 - 25 characters. | |
| X222.454.2420E.NM105.030 | 07/01/2011 | | NM105 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 514: "Entity's Middle Name" EIC: DK "Ordering Physician" | | |
| X222.454.2420E.NM105.040 | 07/01/2011 | | NM105 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420E.NM105 must be populated with accepted AN characters. | To prevent continued processing and later rejection of claims (CWF) having an incorrect character in this position, such as a paren. |
| X222.454.2420E.NM105.045 | 04/01/2013 | | NM105 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 514: "Entity's Middle Name" EIC: DK "Ordering Physician" | The first position of 2420E.NM105 must be alphabetic (A…Z). | |
| X222.454.2420E.NM105.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.454.2420E.NM106.010 | 07/01/2011 | | NM106 | Name Prefix | AN | 1-10 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.454.2420E.NM107.010 | 07/01/2011 | | NM107 | Ordering Provider Name Suffix | AN | 1-10 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420E.NM107 must contain at least one non-space character. | |
| X222.454.2420E.NM107.020 | 07/01/2011 | | NM107 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2420E.NM107 must be 1 -10 characters. | |
| X222.454.2420E.NM107.030 | 07/01/2011 | | NM107 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 125: "Entity's Name" EIC: DK "Ordering Physician" | | |
| X222.454.2420E.NM107.040 | 07/01/2011 | | NM107 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420E.NM107 must be populated with accepted AN characters. | |
| X222.454.2420E.NM107.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.454.2420E.NM108.010 | 07/01/2011 | | NM108 | Identification Code Qualifier | ID | 1-2 | S | | | XX | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error" CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: DK "Ordering Physician" | | Everyone but Trailblazer or JH (Texas); as appropriate for current MAC contract for VA MRA Project claims. 01/20: Companion Guide Note needed. |
| X222.454.2420E.NM108.020 | 07/01/2011 | | NM108 | | | | | | | | 277 | C | CSCC A6: "Acknowledgement/Rejected for Missing Information…" CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: DK "Ordering Physician" | 2420E.NM108 must be present. | Does not apply to TrailBlazer or JH (Texas; as appropriate for current MAC contract for VA MRA Project claims.) |
| X222.454.2420E.NM108.030 | 07/01/2011 | | NM108 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2420E.NM108 must be "XX". | |
| X222.454.2420E.NM109.010 | 07/01/2011 | | NM109 | Ordering Provider Identifier | AN | 2-80 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2420E.NM108 is present, 2420E.NM109 must be present. | |
| X222.454.2420E.NM109.020 | 07/01/2011 | | NM109 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: DK "Ordering Physician" | 2420E.NM109 must be valid according to the NPI algorithm. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.454.2420E.NM109.030 | 07/01/2011 | | NM109 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: DK "Ordering Physician" | The first position of 2420E.NM109 must be a "1". | |
| X222.454.2420E.NM109.040 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.454.2420E.NM110.010 | 07/01/2011 | | NM110 | Entity Relationship Code | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.454.2420E.NM111.010 | 07/01/2011 | | NM111 | Entity Identifier Code | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.454.2420E.NM112.010 | 07/01/2011 | | NM112 | Name Last or Organization Name | AN | 1-60 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.457.2420E.N3.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.457.2420E.N3.020 | 07/01/2011 | | **N3** | **ORDERING PROVIDER ADDRESS** | | **1** | **S** | **2420E** | | | **999** | **R** | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2420E.N3 is allowed. | |
| X222.457.2420E.N301.010 | 07/01/2011 | | N301 | Ordering Provider Address Line | AN | 1-55 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420E.N301 must be present. | |
| X222.457.2420E.N301.020 | 07/01/2011 | | N301 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420E.N301 must contain at least one non-space character. | |
| X222.457.2420E.N301.030 | 07/01/2011 | | N301 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | Location.N301 must be 1 - 55 characters. | |
| X222.457.2420E.N301.040 | 07/01/2011 | | N301 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 503: "Entity's Street address" EIC: DK "Ordering Physician" | | |
| X222.457.2420E.N301.050 | 07/01/2011 | | N301 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420E.N301 must be populated with accepted AN characters. | |
| X222.457.2420E.N301.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.457.2420E.N302.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.457.2420E.N302.020 | 07/01/2011 | | N302 | Ordering Provider Address Line | AN | 1-55 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420E.N302 must contain at least one non-space character. | |
| X222.457.2420E.N302.030 | 07/01/2011 | | N302 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2420E.N302 must be 1 - 55 characters. | |
| X222.457.2420E.N302.040 | 07/01/2011 | | N302 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 503: "Entity's Street address" EIC: DK "Ordering Physician" | | |
| X222.457.2420E.N302.050 | 07/01/2011 | | N302 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420E.N302 must be populated with accepted AN characters. | |
| X222.457.2420E.N302.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.458.2420E.N4.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.458.2420E.N4.020 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222A1.024.2420E.N4.010 | 07/01/2011 | | **N4** | **ORDERING PROVIDER CITY/STATE/ZIP CODE** | | **1** | **S** | **2420E** | | | **999** | **R** | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2420E.N4 is allowed. | |
| X222.458.2420E.N401.010 | 07/01/2011 | | N401 | Ordering Provider City Name | AN | 2-30 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420E.N401 must be present. | |
| X222.458.2420E.N401.020 | 07/01/2011 | | N401 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420E.N401 must contain at least two non-space characters. | |
| X222.458.2420E.N401.030 | 07/01/2011 | | N401 | | | | | | | | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" | 2420E.N401 must be 2-30 characters. | |
| X222.458.2420E.N401.040 | 07/01/2011 | | N401 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 502: "Entity's City" EIC: DK "Ordering Physician" | | |
| X222.458.2420E.N401.050 | 07/01/2011 | | N401 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420E.N401 must be populated with accepted AN characters. | |
| X222.458.2420E.N401.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.458.2420E.N402.010 | 07/01/2011 | | N402 | Ordering Provider State or Province Code | ID | 2-2 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2420E.N404 is not present, 2420E.N402 must be present. | Valid State Code reference must be available for this edit. |
| X222.458.2420E.N402.020 | 07/01/2011 | | N402 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 501: "Entity's State/Province" EIC: DK "Ordering Physician" | 2420E.N402 must be a valid State Code. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.458.2420E.N403.010 | 07/01/2011 | | N403 | Ordering Provider Postal Zone or ZIP Code | ID | 3-15 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2420E.N404 is not present, 2420E.N403 must be present. | Valid Zip Code reference must be available for this edit. |
| X222.458.2420E.N403.020 | 07/01/2011 | | N403 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 500: "Entity's Postal/Zip Code" EIC: DK "Ordering Physician" | 2420E.N403 must be a valid Zip Code. | |
| X222.458.2420E.N404.010 | 07/01/2011 | | N404 | Ordering Provider Country Code | ID | 2-3 | S | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.458.2420E.N405.010 | 07/01/2011 | | N405 | Location Qualifier | ID | 1-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.458.2420E.N406.010 | 07/01/2011 | | N406 | Location Identifier | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.458.2420E.N407.005 | 07/01/2011 | | N407 | Country Subdivision Code | ID | 1-3 | S | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.458.2420E.N407.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.460.2420E.REF.010 | 07/01/2011 | | REF | ORDERING PROVIDER SECONDARY IDENTIFICATION | | 20 | S | 2420E | | | 999 | R | IK304 = I9: "Implementation Dependent "Not Used" Segment Present" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims. |
| X222.460.2420E.REF.020 | 07/01/2011 | | REF | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: DK "Ordering Physician" | | Everyone but Trailblazer or JH (Texas); as appropriate for current MAC contract for VA MRA Project claims. 01/20: Companion Guide Note needed. |
| X222.460.2420E.REF.030 | 07/01/2011 | | REF | | | | | | | | 999 | R | IK304 = I9: "Implementation Dependent "Not Used" Segment Present" | 2420E.REF must not be present. | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims. 11/20: G2 is not valid for Medicare. 01/20: Companion Guide Note needed. 1/06: 0B and G2 are not valid for Medicare. |
| X222.460.2420E.REF01.010 | 07/01/2011 | | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | 0B, 1G, G2 | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: DK "Ordering Physician" | | |
| X222.460.2420E.REF02.010 | 07/01/2011 | | REF02 | Ordering Provider Secondary Identifier | AN | 1-50 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420E.REF02 must be present. | |
| X222.460.2420E.REF02.020 | 07/01/2011 | | REF02 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 133: "Entity's UPIN" CSC 560: "Entity's Additional/Secondary Identifier" EIC: DK "Ordering Physician" | 2420E.REF02 must be in format ANNNNN or AAANNN (where A is an alpha character and N is a numeric digit). | |
| X222.460.2420E.REF03.010 | 07/01/2011 | | REF03 | Description | AN | 1-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | Only used with G2. |
| X222.460.2420E.REF04.010 | 07/01/2011 | | REF04 | Reference Identifier | | | S | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.462.2420E.PER.010 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.462.2420E.PER.020 | 07/01/2011 | | PER | ORDERING PROVIDER CONTACT INFORMATION | | 1 | S | 2420E | | | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | If 2400.CR3 is present, 2420E.PER must be present. | |
| X222.462.2420E.PER.030 | 07/01/2011 | | PER | | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2420E.PER is allowed. | |
| X222.462.2420E.PER01.010 | 07/01/2011 | | PER01 | Contact Function Code | ID | 2-2 | R | | | 1C | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420E.PER01 must be present. | |
| X222.462.2420E.PER01.020 | 07/01/2011 | | PER01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2420E.PER01 must be "IC". | |
| X222.462.2420E.PER02.010 | 07/01/2011 | | PER02 | Ordering Provider Contact Name | AN | 1-60 | S | | | | 999 | R | IK403 = I9: "Implementation Dependent Data Element Missing" | 2420E.PER02 must be present. | |
| X222.462.2420E.PER02.020 | 07/01/2011 | | PER02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420E.PER02 must contain at least one non-space character. | |
| X222.462.2420E.PER02.030 | 07/01/2011 | | PER02 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2420E.PER02 must be 1 - 60 characters. | |
| X222.462.2420E.PER02.040 | 07/01/2011 | | PER02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 561: "Entity's Contact Name" EIC: DK "Ordering Physician" | | |
| X222.462.2420E.PER02.050 | 07/01/2011 | | PER02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420E.PER02 must be populated with accepted AN characters. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.462.2420E.PER02.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.462.2420E.PER03.010 | 07/01/2011 | | PER03 | Communication Number Qualifier | ID | 2-2 | R | | | EM, FX, TE | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420E.PER03 must be present. | |
| X222.462.2420E.PER03.020 | 07/01/2011 | | PER03 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2420E.PER03 must be valid values. | |
| X222.462.2420E.PER04.010 | 07/01/2011 | | PER04 | Communication Number | AN | 1-256 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420E.PER04 must be present. | |
| X222.462.2420E.PER04.020 | 07/01/2011 | | PER04 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420E.PER04 must contain at least one non-space character. | |
| X222.462.2420E.PER04.030 | 07/01/2011 | | PER04 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2420E.PER04 must be 1 - 256 characters. | |
| X222.462.2420E.PER04.040 | 07/01/2011 | | PER04 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 127: "Entity's Communication Number" EIC: DK "Ordering Physician" | | |
| X222.462.2420E.PER04.050 | 07/01/2011 | | PER04 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420E.PER04 must be populated with accepted AN characters. | |
| X222.462.2420E.PER04.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.462.2420E.PER04.070 | 01/01/2013 | | PER04 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 127: "Entity's Communication Number" EIC: DK "Ordering Physician" | 2420E.PER04 must be populated with exactly ten numeric characters when 2420E.PER03 equals FX or TE. | |
| X222.462.2420E.PER05.010 | 07/01/2011 | | PER05 | Communication Number Qualifier | ID | 2-2 | S | | | EM, EX, FX, TE | 999 | R | IK403 = 7: "Invalid Code Value" | 2420E.PER05 must be valid values. | |
| X222.462.2420E.PER05.020 | 07/01/2011 | | PER05 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | If 2420E.PER05 is "EX", 2420E.PER03 must be "TE". | |
| X222.462.2420E.PER06.010 | 07/01/2011 | | PER06 | Communication Number | AN | 1-256 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2420E.PER05 is present, 2420E.PER06 must be present. | |
| X222.462.2420E.PER06.020 | 07/01/2011 | | PER06 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420E.PER06 must contain at least one non-space character. | |
| X222.462.2420E.PER06.030 | 07/01/2011 | | PER06 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2420E.PER06 must be 1 - 256 characters. | |
| X222.462.2420E.PER06.040 | 07/01/2011 | | PER06 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 127: "Entity's Communication Number" EIC: DK "Ordering Physician" | | |
| X222.462.2420E.PER06.050 | 07/01/2011 | | PER06 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420E.PER06 must be populated with accepted AN characters. | |
| X222.462.2420E.PER06.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.462.2420E.PER06.070 | 01/01/2013 | | PER06 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 127: "Entity's Communication Number" EIC: DK "Ordering Physician" | 2420E.PER06 must be populated with exactly ten numeric characters when 2420E.PER05 equals FX or TE. | |
| X222.462.2420E.PER07.010 | 07/01/2011 | | PER07 | Communication Number Qualifier | ID | 2-2 | S | | | EM, EX, FX, TE | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2420E.PER07 is present, 2420E.PER05 must be present. | |
| X222.462.2420E.PER07.020 | 07/01/2011 | | PER07 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2420E.PER07 must be valid values. | |
| X222.462.2420E.PER07.030 | 07/01/2011 | | PER07 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | If 2420E.PER07 is "EX", 2420E.PER05 must be "TE". | |
| X222.462.2420E.PER08.010 | 07/01/2011 | | PER08 | Communication Number | AN | 1-256 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2420E.PER07 is present, 2420E.PER08 must be present. | |
| X222.462.2420E.PER08.020 | 07/01/2011 | | PER08 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420E.PER08 must contain at least one non-space character. | |
| X222.462.2420E.PER08.030 | 07/01/2011 | | PER08 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2420E.PER08 must be 1 - 256 characters. | |
| X222.462.2420E.PER08.040 | 07/01/2011 | | PER08 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 127: "Entity's Communication Number" EIC: DK "Ordering Physician" | | |
| X222.462.2420E.PER08.050 | 07/01/2011 | | PER08 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420E.PER08 must be populated with accepted AN characters. | |
| X222.462.2420E.PER08.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.462.2420E.PER08.070 | 01/01/2013 | | PER08 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 127: "Entity's Communication Number" EIC: DK "Ordering Physician" | 2420E.PER08 must be populated with exactly ten numeric characters when 2420E.PER07 equals FX or TE. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.462.2420E.PER09.010 | 07/01/2011 | | PER09 | Contact Inquiry Reference | AN | 1-20 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.465.2420F.Referring Loop.010 | 07/01/2011 | | Referring Loop | REFERRING PROVIDER NAME Loop | | | | 2420F | 2 | | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only two iterations of 2420F are allowed. | |
| X222.465.2420F.NM1.010 | 07/01/2011 | | NM1 | REFERRING PROVIDER NAME | | 1 | S | 2420F | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2420F.NM1 is allowed. | |
| X222.465.2420F.NM1.020 | 07/01/2011 | | NM1 | | | | | | | | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | If 2420F.NM1 is present, 2310A.NM1 must be present | |
| X222.465.2420F.NM101.010 | 07/01/2011 Revised 01/06/2020 | | NM101 | Entity Identifier Code | ID | 2-3 | R | | | DN, P3 | 999 | R | IK304 = 2: "Unexpected segment | 2420F.NM101 must be present and a valid value. | |
| X222.465.2420F.NM101.020 | 07/01/2011 | | NM101 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | For the first iteration of the 2420F loop, 2420F.NM101 must be "DN" | |
| X222.465.2420F.NM101.030 | 07/01/2011 | | NM101 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | For the second iteration of the 2420F loop, 2420F.NM101 must be "P3". | |
| X222.465.2420F.NM102.010 | 07/01/2011 | | NM102 | Entity Type Qualifier | ID | 1-1 | R | | | 1 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420F.NM102 must be present. | |
| X222.465.2420F.NM102.020 | 07/01/2011 | | NM102 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2420F.NM102 must be "1". | |
| X222.465.2420F.NM103.010 | 07/01/2011 | | NM103 | Referring Provider Last Name | AN | 1-60 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420F.NM103 must be present. | |
| X222.465.2420F.NM103.020 | 07/01/2011 | | NM103 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420F.NM103 must contain at least one non-space character. | |
| X222.465.2420F.NM103.030 | 07/01/2011 | | NM103 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2420F.NM103 must be 1 - 60 characters. | |
| X222.465.2420F.NM103.040 | 07/01/2011 | | NM103 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 504: "Entity's Last Name" EIC: DN "Referring Provider" | | |
| X222.465.2420F.NM103.050 | 07/01/2011 | | NM103 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420F.NM103 must be populated with accepted AN characters. | |
| X222.465.2420F.NM103.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.465.2420F.NM104.010 | 07/01/2011 | | NM104 | Referring Provider First Name | AN | 1-35 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420F.NM104 must contain at least one non-space character. | |
| X222.465.2420F.NM104.020 | 07/01/2011 | | NM104 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2420F.NM104 must be 1 - 35 characters. | |
| X222.465.2420F.NM104.030 | 07/01/2011 | | NM104 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 505: "Entity's First Name" EIC: DN "Referring Provider" | | |
| X222.465.2420F.NM104.040 | 07/01/2011 | | NM104 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420F.NM104 must be populated with accepted AN characters. | |
| X222.465.2420F.NM104.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.465.2420F.NM105.010 | 07/01/2011 | | NM105 | Referring Provider Middle Name or Initial | AN | 1-25 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420F.NM105 must contain at least one non-space character. | |
| X222.465.2420F.NM105.020 | 07/01/2011 | | NM105 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2420F.NM105 must be 1 - 25 characters. | |
| X222.465.2420F.NM105.030 | 07/01/2011 | | NM105 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 514: "Entity's Middle Name" EIC: DN "Referring Provider" | | |
| X222.465.2420F.NM105.040 | 07/01/2011 | | NM105 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420F.NM105 must be populated with accepted AN characters. | To prevent continued processing and later rejection of claims (CWF) having an incorrect character in this position, such as a paren. |
| X222.465.2420F.NM105.045 | 04/01/2013 | | NM105 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 514: "Entity's Middle Name" EIC: DN "Referring Provider" | The first position of 2420F.NM105 must be alphabetic (A…Z). | |
| X222.465.2420F.NM105.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.465.2420F.NM106.010 | 07/01/2011 | | NM106 | Name Prefix | AN | 1-10 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.465.2420F.NM107.010 | 07/01/2011 | | NM107 | Referring Provider Name Suffix | AN | 1-10 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420F.NM107 must contain at least one non-space character. | |
| X222.465.2420F.NM107.020 | 07/01/2011 | | NM107 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2420F.NM107 must be 1 - 10 characters. | |
| X222.465.2420F.NM107.030 | 07/01/2011 | | NM107 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 125: "Entity's Name" EIC: DN "Referring Provider" | | |
| X222.465.2420F.NM107.040 | 07/01/2011 | | NM107 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420F.NM107 must be populated with accepted AN characters. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.465.2420F.NM107.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.465.2420F.NM108.010 | 07/01/2011 | | NM108 | Identification Code Qualifier | ID | 1-2 | S | | | XX | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error." CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: DN "Referring Provider" | | Everyone but Trailblazer or JH (Texas); as appropriate for current MAC contract for VA MRA Project claims. 01/20: Companion Guide Note needed. |
| X222.465.2420F.NM108.020 | 07/01/2011 | | NM108 | | | | | | | | 277 | C | CSCC A6: "Acknowledgement/Rejected for Missing Information…" CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: DN "Referring Provider" | 2420F.NM108 must be present. | Does not apply to TrailBlazer or JH (Texas); as appropriate for current MAC contract for VA MRA Project claims. |
| X222.465.2420F.NM108.030 | 07/01/2011 | | NM108 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2420F.NM108 must be "XX". | |
| X222.465.2420F.NM109.010 | 07/01/2011 | | NM109 | Referring Provider Identifier | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: DN "Referring Provider" | 2420F.NM109 must be valid according to the NPI algorithm. | |
| X222.465.2420F.NM109.020 | 07/01/2011 | | NM109 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: DN "Referring Provider" | The first position of 2420F.NM109 must be a "1". | |
| X222.465.2420F.NM109.030 Edit Deactivated | 07/01/2011 | 04/01/2016 | NM109 | | | | | | | | 999 | R | IK403 = I12: "Implementation Pattern Match Failure" | 2420F.NM109 must not = 2310A.NM109. | |
| X222.465.2420F.NM109.040 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.257.2420F.NM109.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.465.2420F.NM109.050 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.465.2420F.NM110.010 | 07/01/2011 | | NM110 | Entity Relationship Code | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.465.2420F.NM111.010 | 07/01/2011 | | NM111 | Entity Identifier Code | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.465.2420F.NM112.010 | 07/01/2011 | | NM112 | Name Last or Organization Name | AN | 1-60 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims. 01/20: Companion Guide Note needed. |
| X222.468.2420F.REF.010 | 07/01/2011 | | REF | REFERRING PROVIDER SECONDARY IDENTIFICATION | | 20 | S | 2420F | | | 999 | R | IK304 = I9: "Implementation Dependent "Not Used" Segment Present" | | Trailblazer or JH (Texas) only, as appropriate for current MAC contract for VA MRA Project claims. 01/20: Companion Guide Note needed. |
| X222.468.2420F.REF.020 | 07/01/2011 | | REF | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: DN "Referring Provider" | | Everyone but Trailblazer or JH (Texas); as appropriate for current MAC contract for VA MRA Project claims. 01/20: Companion Guide Note needed. |
| X222.468.2420F.REF.030 | 07/01/2011 | | REF | | | | | | | | 999 | R | IK304 = I9: "Implementation Dependent "Not Used" Segment Present" | 2420F.REF must not be present. | |
| X222.468.2420F.REF01.010 | 07/01/2011 | | REF01 | Reference Identification Qualifier | ID | 2-3 | R | | | 0B, 1G, G2 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420F.REF01 must be present. | 11/20: G2 is not valid for Medicare. 01/20: Companion Guide Note needed. 1/06: 0B and G2 are not valid for Medicare. |
| X222.468.2420F.REF01.020 | 07/01/2011 | | REF01 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: DN "Referring Provider" | 2420E.REF01 must be "1G". | |
| X222.468.2420F.REF02.010 | 07/01/2011 | | REF02 | Referring Provider Secondary Identifier | AN | 1-50 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420F.REF02 must be present. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.468.2420F.REF02.020 | 07/01/2011 | | REF02 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 133: "Entity's UPIN" 560 Entity's Additional/Secondary Identifier EIC: DN "Referring Provider" | 2420F.REF02 must be in format ANNNNN or AAANNN (where A is an alpha character and N is a numeric digit). | |
| X222.468.2420F.REF03.010 | 07/01/2011 | | REF03 | Description | AN | 1-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.468.2420F.REF04.010 | 07/01/2011 | | REF04 | Reference Qualifier | | | S | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | | |
| X222.470.2420G.NM1.010 | 07/01/2011 | | NM1 | AMBULANCE PICK UP LOCATION | | 1 | S | 2420G | 1 | | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only one iteration of 2420G.NM1 is allowed. | |
| X222.470.2420G.NM1.020 | 07/01/2011 | | NM1 | | | | | | | | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | If 2420G.NM1 is present, 2310E.NM1 must be present | |
| X222.470.2420G.NM101.010 | 07/01/2011 Revised 01/06/2020 | | NM101 | Entity Identifier Code | ID | 2-3 | R | | | PW | 999 | R | IK304 = 2: "Unexpected segment" | 2420G.NM101 must be present. | |
| X222.470.2420G.NM101.020 | 07/01/2011 Edit Deactivated | 01/06/2020 | | | | | | | | | | | | | |
| X222.470.2420G.NM102.010 | 07/01/2011 | | NM102 | Entity Type Qualifier | ID | 1-1 | R | | | 2 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420G.NM102 must be present. | |
| X222.470.2420G.NM102.020 | 07/01/2011 | | NM102 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2420G.NM102 must be "2". | |
| X222.470.2420G.NM103.010 | 07/01/2011 | | NM103 | Name Last or Organization Name | AN | 1-60 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.470.2420G.NM104.010 | 07/01/2011 | | NM104 | Name First | AN | 1-35 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.470.2420G.NM105.010 | 07/01/2011 | | NM105 | Name Middle | AN | 1-25 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.470.2420G.NM106.010 | 07/01/2011 | | NM106 | Name Prefix | AN | 1-10 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.470.2420G.NM107.010 | 07/01/2011 | | NM107 | Name Suffix | AN | 1-10 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.470.2420G.NM108.010 | 07/01/2011 | | NM108 | Identification Code Qualifier | ID | 1-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.470.2420G.NM109.010 | 07/01/2011 | | NM109 | Identification Code | AN | 2-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.470.2420G.NM110.010 | 07/01/2011 | | NM110 | Entity Relationship Code | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.470.2420G.NM111.010 | 07/01/2011 | | NM111 | Entity Identifier Code | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.470.2420G.NM112.010 | 07/01/2011 | | NM112 | Name Last or Organization Name | AN | 1-60 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.472.2420G.N3.010 | 07/01/2011 | | N3 | AMBULANCE PICK UP LOCATION ADDRESS | | 1 | R | 2420G | | | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | If 2420G.NM1 is present, 2420G.N3 must be present. | |
| X222.472.2420G.N3.020 | 07/01/2011 | | N3 | | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2420G.N3 is allowed. | |
| X222.472.2420G.N301.010 | 07/01/2011 | | N301 | Ambulance Pick Up Address Line | AN | 1-55 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420G.N301 must be present. | |
| X222.472.2420G.N301.020 | 07/01/2011 | | N301 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420G.N301 must contain at least one non-space character. | |
| X222.472.2420G.N301.030 | 07/01/2011 | | N301 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2420G.N301 must be 1 - 55 characters. | |
| X222.472.2420G.N301.040 | 07/01/2011 | | N301 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 503: "Entity's Street address" CSC 266: "Facility point of origin and destination - ambulance" EIC: 77 "Service Location" | | |
| X222.472.2420G.N301.050 | 07/01/2011 | | N301 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420G.N301 must be populated with accepted AN characters. | |
| X222.472.2420G.N301.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.472.2420G.N302.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.472.2420G.N302.020 | 07/01/2011 | | N302 | Ambulance Pick Up Address Line | AN | 1-55 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420G.N302 must contain at least one non-space character. | |
| X222.472.2420G.N302.030 | 07/01/2011 | | N302 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2420G.N302 must be 1 - 55 characters. | |
| X222.472.2420G.N302.040 | 07/01/2011 | | N302 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 503: "Entity's Street address" CSC 266: "Facility point of origin and destination - ambulance" EIC: 77 "Service Location" | | |
| X222.472.2420G.N302.050 | 07/01/2011 | | N302 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420G.N302 must be populated with accepted AN characters. | |
| X222.472.2420G.N302.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.473.2420G.N4.010 | 07/01/2011 | | N4 | AMBULANCE PICK UP LOCATION CITY/STATE/ZIP | | 1 | R | 2420G | | | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | If 2420G.NM1 is present, 2420G.N4 must be present. | |
| X222.473.2420G.N4.020 | 07/01/2011 | | N4 | | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2420G.N4 is allowed. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.473.2420G.N401.010 | 07/01/2011 | | N401 | Ambulance Pick Up City Name | AN | 2-30 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420G.N401 must be present. | |
| X222.473.2420G.N401.020 | 07/01/2011 | | N401 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420G.N401 must contain at least two non-space characters. | |
| X222.473.2420G.N401.030 | 07/01/2011 | | N401 | | | | | | | | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" | 2420G.N401 must be 2-30 characters. | |
| X222.473.2420G.N401.040 | 07/01/2011 | | N401 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 502: "Entity's City" CSC 266: "Facility point of origin and destination - ambulance" EIC: 77 "Service Location" | | |
| X222.473.2420G.N401.050 | 07/01/2011 | | N401 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420G.N401 must be populated with accepted AN characters. | |
| X222.473.2420G.N401.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.473.2420G.N402.010 | 07/01/2011 | | N402 | Ambulance Pick Up State or Province Code | ID | 2-2 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2420G.N404 is not present, 2420G.N402 must be present. | Valid State Code reference must be available for this edit. |
| X222.473.2420G.N402.020 | 07/01/2011 | | N402 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 501: "Entity's State/Province" CSC 266: "Facility point of origin and destination - ambulance" EIC: 77 "Service Location" | 2420G.N402 must be a valid State Code. | |
| X222.473.2420G.N403.010 | 07/01/2011 | | N403 | Ambulance Pick Up Postal Zone ZIP Code | ID | 3-15 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2420G.N404 is not present, 2420G.N403 must be present. | Valid Zip Code reference must be available for this edit. |
| X222.473.2420G.N403.020 | 07/01/2011 | | N403 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 500: "Entity's Postal/Zip Code" CSC 266: "Facility point of origin and destination - ambulance" EIC: 77 "Service Location" | 2420G.N403 must be a valid Zip Code. | |
| X222.473.2420G.N404.010 | 07/01/2011 | | N404 | Ambulance Pick Up Country Code | ID | 2-3 | S | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.473.2420G.N405.010 | 07/01/2011 | | N405 | Location Qualifier | ID | 1-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.473.2420G.N406.010 | 07/01/2011 | | N406 | Location Identifier | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.473.2420G.N407.005 | 07/01/2011 | | N407 | Country Subdivision Code | ID | 1-3 | S | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.473.2420G.N407.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.475.2420H.NM1.010 | 07/01/2011 | | **NM1** | **AMBULANCE DROP OFF LOCATION** | | 1 | S | 2420H | 1 | | **999** | **R** | IK304 = 4: "Loop Occurs Over Maximum Times" | Only one iteration of 2420H.NM1 is allowed. | |
| X222.475.2420H.NM1.020 | 07/01/2011 | | **NM1** | | | | | | | | **999** | **R** | IK304 = I6: "Implementation Dependent Segment Missing" | If 2420H.NM1 is present, 2310F.NM1 must be present | |
| X222.475.2420H.NM101.010 | 07/01/2011 Revised 01/06/2020 | | NM101 | Entity Identifier Code | ID | 2-3 | R | | | 45 | 999 | R | IK304 = 2: "Unexpected segment" | 2420H.NM101 must be present. | |
| X222.475.2420H.NM101.020 Edit Deactivated | 07/01/2011 | 01/06/2020 | | | | | | | | | | | | | |
| X222.475.2420H.NM102.010 | 07/01/2011 | | NM102 | Entity Type Qualifier | ID | 1-1 | R | | | 2 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420H.NM102 must be present. | |
| X222.475.2420H.NM102.020 | 07/01/2011 | | NM102 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2420H.NM102 must be "2". | |
| X222.475.2420H.NM103.010 | 07/01/2011 | | NM103 | Ambulance Drop Off Location | AN | 1-60 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420H.NM103 must contain at least one non-space character. | |
| X222.475.2420H.NM103.020 | 07/01/2011 | | NM103 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2420H.NM103 must be 1 - 60 characters | |
| X222.475.2420H.NM103.025 | 07/01/2011 | | NM103 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 504: "Entity's Last Name" CSC 266: "Facility point of origin and destination - ambulance" EIC: 77 "Service Location" | | |
| X222.475.2420H.NM103.030 | 07/01/2011 | | NM103 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420H.NM103 must be populated with accepted AN characters. | |
| X222.475.2420H.NM103.040 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.475.2420H.NM104.010 | 07/01/2011 | | NM104 | Name First | AN | 1-35 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.475.2420H.NM105.010 | 07/01/2011 | | NM105 | Name Middle | AN | 1-25 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.475.2420H.NM106.010 | 07/01/2011 | | NM106 | Name Prefix | AN | 1-10 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.475.2420H.NM107.010 | 07/01/2011 | | NM107 | Name Suffix | AN | 1-10 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.475.2420H.NM108.010 | 07/01/2011 | | NM108 | Identification Code Qualifier | ID | 1-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.475.2420H.NM109.010 | 07/01/2011 | | NM109 | Identification Code | AN | 2-80 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.475.2420H.NM110.010 | 07/01/2011 | | NM110 | Entity Relationship Code | ID | 2-2 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.475.2420H.NM111.010 | 07/01/2011 | | NM111 | Entity Identifier Code | ID | 2-3 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.475.2420H.NM112.010 | 07/01/2011 | | NM112 | Name Last or Organization Name | AN | 1-60 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.477.2420H.N3.010 | 07/01/2011 | | N3 | AMBULANCE DROP OFF LOCATION ADDRESS | | 1 | R | 2420H | | | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | If 2420H.NM1 is present, 2420H.N3 must be present. | |
| X222.477.2420H.N3.020 | 07/01/2011 | | N3 | | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2420H.N3 is allowed. | |
| X222.477.2420H.N301.010 | 07/01/2011 | | N301 | Ambulance Drop Off Address Line | AN | 1-55 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420H.N301 must be present. | |
| X222.477.2420H.N301.020 | 07/01/2011 | | N301 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420H.N301 must contain at least one non-space character. | |
| X222.477.2420H.N301.030 | 07/01/2011 | | N301 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2420H.N301 must be 1 - 55 characters. | |
| X222.477.2420H.N301.040 | 07/01/2011 | | N301 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 503: "Entity's Street address" CSC 266: "Facility point of origin and destination - ambulance" EIC: 77 "Service Location" | | |
| X222.477.2420H.N301.050 | 07/01/2011 | | N301 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420H.N301 must be populated with accepted AN characters. | |
| X222.477.2420H.N301.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.477.2420H.N302.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.477.2420H.N302.020 | 07/01/2011 | | N302 | Ambulance Drop Off Address Line | AN | 1-55 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420H.N302 must contain at least one non-space character. | |
| X222.477.2420H.N302.030 | 07/01/2011 | | N302 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2420H.N302 must be 1 - 55 characters. | |
| X222.477.2420H.N302.040 | 07/01/2011 | | N302 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 503: "Entity's Street address" CSC 266: "Facility point of origin and destination - ambulance" EIC: 77 "Service Location" | | |
| X222.477.2420H.N302.050 | 07/01/2011 | | N302 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420H.N302 must be populated with accepted AN characters. | |
| X222.477.2420H.N302.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.478.2420H.N4.010 | 07/01/2011 | | N4 | AMBULANCE DROP OFF LOCATION CITY/STATE/ZIP | | 1 | R | 2420H | | | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | If 2420H.NM1 is present, 2420H.N4 must be present. | |
| X222.478.2420H.N4.020 | 07/01/2011 | | N4 | | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2420H.N4 is allowed. | |
| X222.478.2420H.N401.010 | 07/01/2011 | | N401 | Ambulance Drop Off City Name | AN | 2-30 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2420H.N401 must be present. | |
| X222.478.2420H.N401.020 | 07/01/2011 | | N401 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420H.N401 must contain at least two non-space characters. | |
| X222.478.2420H.N401.030 | 07/01/2011 | | N401 | | | | | | | | 999 | E | IK403 = 4: "Data Element Too Short" IK403 = 5: "Data Element Too Long" | 2420H.N401 must be 2-30 characters. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.478.2420H.N401.040 | 07/01/2011 | | N401 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 502: "Entity's City" CSC 266: "Facility point of origin and destination - ambulance" EIC: 77 "Service Location" | | |
| X222.478.2420H.N401.050 | 07/01/2011 | | N401 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2420H.N401 must be populated with accepted AN characters. | |
| X222.478.2420H.N401.060 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.478.2420H.N402.010 | 07/01/2011 | | N402 | Ambulance Drop Off State or Province Code | ID | 2-2 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2420H.N404 is not present, 2420H.N402 must be present. | Valid State Code reference must be available for this edit. |
| X222.478.2420H.N402.020 | 07/01/2011 | | N402 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 501: "Entity's State/Province" CSC 266: "Facility point of origin and destination - ambulance" EIC: 77 "Service Location" | 2420H.N402 must be a valid State Code. | |
| X222.478.2420H.N403.010 | 07/01/2011 | | N403 | Ambulance Drop Off Postal Zone ZIP Code | ID | 3-15 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2420H.N404 is not present, 2420H.N403 must be present. | Valid Zip Code reference must be available for this edit. |
| X222.478.2420H.N403.020 | 07/01/2011 | | N403 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 500: "Entity's Postal/Zip Code" CSC 266: "Facility point of origin and destination - ambulance" EIC: 77 "Service Location" | 2420H.N403 must be a valid Zip Code. | |
| X222.478.2420H.N404.010 | 07/01/2011 | | N404 | Ambulance Drop Off Country Code | ID | 2-3 | S | | | | 999 | E | IK403 = I10: Implementation "Not Used" Element Present" | Must not be present. | |
| X222.478.2420H.N405.010 | 07/01/2011 | | N405 | Location Qualifier | ID | 1-2 | N/U | | | | 999 | E | IK403 = I10: Implementation "Not Used" Element Present" | Must not be present. | |
| X222.478.2420H.N406.010 | 07/01/2011 | | N406 | Location Identifier | AN | 1-30 | N/U | | | | 999 | E | IK403 = I10: Implementation "Not Used" Element Present" | Must not be present. | |
| X222.478.2420H.N407.005 | 07/01/2011 | | N407 | Country Subdivision Code | ID | 1-3 | S | | | | 999 | E | IK403 = I10: Implementation "Not Used" Element Present" | Must not be present. | |
| X222.478.2420H.N407.010 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.480.2430..010 | 07/01/2011 | | | Line Adjudication Loop | | | | 2430 | 15 | | 999 | R | IK304 = 4: "Loop Occurs Over Maximum Times" | Only fifteen iterations of 2430 are allowed. | |
| X222.480.2430.SVD.010 | 07/01/2011 | | SVD | LINE ADJUDICATION INFORMATION | | 1 | S | 2430 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2430.SVD is allowed. | |
| X222.480.2430.SVD01.010 | 07/01/2011 | | SVD01 | Other Payer Primary Identifier | AN | 2-80 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2430.SVD01 must be present. | |
| X222.480.2430.SVD01.020 | 07/01/2011 | | SVD01 | | | | | | | | 999 | R | IK403 = I12: "Implementation Pattern Match Failure" | 2430.SVD01 must = 2330B.NM109 (for the same payer). | |
| X222.480.2430.SVD02.010 | 07/01/2011 | | SVD02 | Service Line Paid Amount | R | 1-18 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2430.SVD02 must be present. | |
| X222.480.2430.SVD02.020 | 07/01/2011 | | SVD02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2430.SVD02 must be numeric. | |
| X222.480.2430.SVD02.030 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.480.2430.SVD02.040 | 07/01/2011 | | SVD02 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2430.SVD02 must be >= 0 and <= 99,999.99. | |
| X222.480.2430.SVD02.050 | 07/01/2011 | | SVD02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" | | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.480.2430.SVD02.060 | 07/01/2011 | | SVD02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 697: "Invalid Decimal Precision" CSC 643: "Service Line Paid Amount" | 2430.SVD02 is limited to 0, 1 or 2 decimal positions. | ■■■ |
| X222.480.2430.SVD02.070 Edit Deactivated | 07/01/2011 | **07/01/2011** | ■■■ | | | | | | | | | | | | |
| X222.480.2430.SVD03.010 Edit Deactivated | 07/01/2011 | **07/01/2011** | | | | | | | | | | | | | |
| X222.480.2430.SVD03-1.010 | 07/01/2011 | | SVD03-1 | Product or Service ID Qualifier | ID | 2-2 | R | | | ER, HC, IV, WK | 999 | R | IK403 = 1: "Required Data Element Missing" | 2430.SVD03-1 must be present. | 01/08: Medicare only accepts "HC".  Claims with "ER", "IV" or "WK" will be rejected. 01/20: Companion Guide Note needed. |
| X222.480.2430.SVD03-1.020 | 07/01/2011 | | SVD03-1 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 745: "Identifier Qualifier." CSC 507: "HCPCS" | 2430.SVD03-1 must be "HC". | |
| X222.480.2430.SVD03-2.010 | 07/01/2011 | | SVD03-2 | Procedure Code | AN | 1-48 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2430.SVD03-2 must be present. | Valid CMS Proprietary HCPCS reference must  be available for this edit. |
| X222.480.2430.SVD03-2.020 | 07/01/2011 | | SVD03-2 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 507: "HCPCS" CSC 710: "Line Adjudication Information" | When 2430.SVD03-1 = "HC", 2430.SVD03-2 must be a valid HCPCS Code on the date in 2400.DTP03 when DTP01 = "472". | ■■■ |
| X222.480.2430.SVD03-2.030 Edit Deactivated | 07/01/2011 | **04/01/2012** | ■■■ | | | | | | | | | | | | |
| X222.480.2430.SVD03-3.010 | 07/01/2011 | | SVD03-3 | Procedure Modifier | AN | 2-2 | S | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered" CSC 710:: "Line Adjudication Information" | 2430.SVD03-3 must be valid procedure modifier. | |
| X222.480.2430.SVD03-3.020 | 04/01/2015 | | SVD03-3 | | AN | 2-2 | S | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered" | The procedure code modifiers in SVD03 must not be duplicated within the same detail service line. | |
| X222.480.2430.SVD03-4.010 | 07/01/2011 | | SVD03-4 | Procedure Modifier | AN | 2-2 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2430.SVD03-4 is present, 2430.SVD03-3 must be present. | Valid Procedure Code Modifier reference must  be available for this edit. |
| X222.480.2430.SVD03-4.020 | 07/01/2011 | | SVD03-4 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered" CSC 710: "Line Adjudication Information" | 2430.SVD03-4 must be valid procedure modifier. | |
| X222.480.2430.SVD03-5.010 | 07/01/2011 | | SVD03-5 | Procedure Modifier | AN | 2-2 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2430.SVD03-5 is present, 2430.SVD03-4 must be present. | Valid Procedure Code Modifier reference must  be available for this edit. |
| X222.480.2430.SVD03-5.020 | 07/01/2011 | | SVD03-5 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered" CSC 710:: "Line Adjudication Information" | 2430.SVD03-5 must be valid procedure modifier. | |
| X222.480.2430.SVD03-6.010 | 07/01/2011 | | SVD03-6 | Procedure Modifier | AN | 2-2 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | 2430.SVD03-6 is present, 2430.SVD03-5 must be present. | Valid Procedure Code Modifier reference must  be available for this edit. |
| X222.480.2430.SVD03-6.020 | 07/01/2011 | | SVD03-6 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 453: "Procedure Code Modifier(s) for Service(s) Rendered" CSC 710: "Line Adjudication Information" | 2430.SVD03-6 must be valid procedure modifier. | |
| X222.480.2430.SVD03-7.010 | 07/01/2011 | | SVD03-7 | Procedure Code Description | AN | 1-80 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2430.SVD03-7 must contain at least one non-space character. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.480.2430.SVD03-7.020 | 07/01/2011 | | SVD03-7 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2430.SVD03-7 must be 1 - 80 characters. | |
| X222.480.2430.SVD03-7.030 | 07/01/2011 | | SVD03-7 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" | | |
| X222.480.2430.SVD03-7.040 | 07/01/2011 | | SVD03-7 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2430.SVD03-7 must be populated with accepted AN characters. | |
| X222.480.2430.SVD03-7.050 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.480.2430.SVD03-8.010 | 07/01/2011 | | SVD03-8 | Product/Service ID | AN | 1-48 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.480.2430.SVD04.010 | 07/01/2011 | | SVD04 | Product or Service ID | AN | 1-48 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.480.2430.SVD05.010 | 07/01/2011 | | SVD05 | Paid Service Unit Count | R | 1-15 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2430.SVD05 must be present. | |
| X222.480.2430.SVD05.020 | 07/01/2011 | | SVD05 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2430.SVD05 must be numeric. | |
| X222.480.2430.SVD05.025 Edit Deactivated | 07/01/2011 | 01/01/2012 | | | | | | | | | | | | | |
| X222.480.2430.SVD05.030 Edit Deactivated | 07/01/2011 | 01/01/2012 | | | | | | | | | | | | | |
| X222.480.2430.SVD05.035 | 07/01/2011 | | SVD05 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2430.SVD05 must be >= 0 and <= 9,999.9. | |
| X222.480.2430.SVD05.040 | 07/01/2011 | | SVD05 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 608: "Paid Service Unit Count" CSC 710: "Line Adjudication Information" | | |
| X222.480.2430.SVD05.050 Edit Deactivated | 07/01/2011 | 01/01/2012 | | | | | | | | | | | | | |
| X222.480.2430.SVD06.010 | 07/01/2011 | | SVD06 | Bundled or Unbundled Line Number | N0 | 1-6 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2430.SVD06 must be numeric. | |
| X222.480.2430.SVD06.020 | 07/01/2011 | | SVD06 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2430.SVD06 must be a integer (no decimals). | Medicare business edit Companion guide item |
| X222.480.2430.SVD06.030 | 07/01/2011 | | SVD06 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2430.SVD06 must 1 - 6 digits. | |
| X222.480.2430.SVD06.035 | 07/01/2011 | | SVD06 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" | | |
| X222.484.2430.CAS.010 | 07/01/2011 | | CAS | LINE ADJUSTMENT | | 5 | S | 2430 | | | 999 | R | IK304 = I9: "Implementation Dependent "Not Used" Segment Present" OR IK304 = 2: "Unexpected Segment" | If 2430.CAS is present, 2430.SVD must be present. | |
| X222.484.2430.CAS.020 | 07/01/2011 | | CAS | | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only five iterations of 2430.CAS are allowed. | This edit ensures that there are no adjustments from a previous payer when the claim indicates that Medicare is the primary payer. |
| X222.484.2430.CAS.030 | 10/07/2013 | | CAS | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 41: Special handling required at payer site CSC 286: Other payer's Explanation of Benefits/payment information CSC 732: Information submitted inconsistent with billing guidelines | If 2000B.SBR01 = "P" then 2430.CAS must not be present. | |
| X222.484.2430.CAS01.010 | 07/01/2011 | | CAS01 | Claim Adjustment Group Code | ID | 1-2 | R | | | CO, CR, OA, PI, PR | 999 | R | IK403 = 1: "Required Data Element Missing" | 2430.CAS01 must be present. | |
| X222.484.2430.CAS01.020 | 07/01/2011 | | CAS01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2430.CAS01 must be valid values. | |
| X222.484.2430.CAS01.030 Edit Deactivated | 07/01/2011 | 10/01/2012 | | | | | | | | | | | | | |
| X222.484.2430.CAS01.040 | 01/06/2020 | | CAS01 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 521: "Adjustment Reason Code" | If 2430 CAS01 = "CR", "OA", or "PI" then 2430 CAS02 must not = 45, 2430 CAS05 must not = 45, 2430 CAS08 must not = 45, 2430 CAS11 must not = 45, 2430 CAS14 must not = 45, or 2430 CAS17 must not = 45. | Valid Claim Adjustment Group/Reason Code combination required. |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.484.2430.CAS02.010 | 07/01/2011 | | CAS02 | Adjustment Reason Code | ID | 1-5 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2430.CAS02 must be present. | Valid Claim Adjustment Reason Code reference must be available for this edit. |
| X222.484.2430.CAS02.020 | 07/01/2011 | | CAS02 | | | | | | | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error. CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date EIC: GB "Other Insured" | 2430.CAS02 must be a valid Claim Adjustment Reason Code on the date in 2430.DTP03 when DTP01 = "573". | |
| X222.484.2430.CAS03.010 | 07/01/2011 | | CAS03 | Adjustment Amount | R | 1-18 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2430.CAS03 must be present. | |
| X222.484.2430.CAS03.020 | 07/01/2011 | | CAS03 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2430.CAS03 must be numeric. | |
| X222.484.2430.CAS03.030 | 07/01/2011 | | CAS03 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 694: "Amount must not be equal to zero" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | 2430.CAS03 must not = 0. | |
| X222.484.2430.CAS03.040 | 07/01/2011 | | CAS03 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 697: "Invalid Decimal Precision" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | 2430.CAS03 is limited to 0, 1 or 2 decimal positions. | 11/25: Medicare specific limitation. 01/20: Companion Guide Note needed. |
| X222.484.2430.CAS03.050 | 07/01/2011 | | CAS03 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2430.CAS03 must be >= -99,999.99 and <= 99,999.99. | |
| X222.484.2430.CAS03.060 | 07/01/2011 | | CAS03 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | | 11/25: Medicare specific limitation. 01/08: Not brought into Core System, so no Medicare size limit is needed. |
| X222.484.2430.CAS04.010 | 07/01/2011 | | CAS04 | Adjustment Quantity | R | 1-15 | S | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.CAS04 must be 1-15 digits. | |
| X222.484.2430.CAS04.020 | 07/01/2011 | | CAS04 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | | |
| X222.484.2430.CAS04.030 | 07/01/2011 | | CAS04 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 694: "Amount must not be equal to zero" CSC 520: "Adjustment Quantity" EIC: GB "Other Insured" | 2430.CAS04 must not = 0. | |
| X222.484.2430.CAS05.010 | 07/01/2011 | | CAS05 | Adjustment Reason Code | ID | 1-5 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2430.CAS05 is present, 2430.CAS02 must be present. | Valid Claim Adjustment Reason Code reference must be available for this edit. |
| X222.484.2430.CAS05.020 | 07/01/2011 | | CAS05 | | | | | | | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error. CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date EIC: GB "Other Insured" | 2430.CAS05 must be a valid Claim Adjustment Reason Code on the date in 2430.DTP03 when DTP01 = "573". | |
| X222.484.2430.CAS06.010 | 07/01/2011 | | CAS06 | Adjustment Amount | R | 1-18 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2430.CAS05 is present, 2430.CAS06 must be present. | |
| X222.484.2430.CAS06.020 | 07/01/2011 | | CAS06 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2430.CAS06 must be numeric. | |
| X222.484.2430.CAS06.030 | 07/01/2011 | | CAS06 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 694: "Amount must not be equal to zero" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | 2430.CAS06 must not = 0. | |
| X222.484.2430.CAS06.040 | 07/01/2011 | | CAS06 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 697: "Invalid Decimal Precision" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | 2430.CAS06 is limited to 0, 1 or 2 decimal positions. | 11/25: Medicare specific limitation. 01/20: Companion Guide Note needed. |
| X222.484.2430.CAS06.050 | 07/01/2011 | | CAS06 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2430.CAS06 must be >= -99,999.99. and <= 99,999.99. | |
| X222.484.2430.CAS06.060 | 07/01/2011 | | CAS06 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | | |
| X222.484.2430.CAS07.010 | 07/01/2011 | | CAS07 | Adjustment Quantity | R | 1-15 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2430.CAS07 is present, 2430.CAS05 must be present. | 11/25: Medicare specific limitation. 01/08: Not brought into Core System, so no Medicare size limit is needed. |
| X222.484.2430.CAS07.020 | 07/01/2011 | | CAS07 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.CAS07 must be 1-15 digits. | |
| X222.484.2430.CAS07.030 | 07/01/2011 | | CAS07 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.484.2430.CAS07.040 | 07/01/2011 | | CAS07 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 694: "Amount must not be equal to zero" CSC 520: "Adjustment Quantity" EIC: GB "Other Insured" | 2430.CAS07 must not = 0. | |
| X222.484.2430.CAS08.010 | 07/01/2011 | | CAS08 | Adjustment Reason Code | ID | 1-5 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2430.CAS08 is present, 2430.CAS05 must be present. | Valid Claim Adjustment Reason Code reference must be available for this edit. |
| X222.484.2430.CAS08.020 | 07/01/2011 | | CAS08 | | | | | | | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error. CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date EIC: GB "Other Insured" | 2430.CAS08 must be a valid Claim Adjustment Reason Code on the date in 2430.DTP03 when DTP01 = "573". | |
| X222.484.2430.CAS09.010 | 07/01/2011 | | CAS09 | Adjustment Amount | R | 1-18 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2430.CAS08 is present, 2430.CAS09 must be present. | |
| X222.484.2430.CAS09.020 | 07/01/2011 | | CAS09 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2430.CAS09 must be numeric. | |
| X222.484.2430.CAS09.030 | 07/01/2011 | | CAS09 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 694: "Amount must not be equal to zero" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | 2430.CAS09 must not = 0. | |
| X222.484.2430.CAS09.040 | 07/01/2011 | | CAS09 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 697: "Invalid Decimal Precision" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | 2430.CAS09 is limited to 0, 1 or 2 decimal positions. | 11/25: Medicare specific limitation. 01/20: Companion Guide Note needed. |
| X222.484.2430.CAS09.050 | 07/01/2011 | | CAS09 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2430.CAS09 must be >= -99,999.99. and <= 99,999.99. | |
| X222.484.2430.CAS09.060 | 07/01/2011 | | CAS09 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | | |
| X222.484.2430.CAS10.010 | 07/01/2011 | | CAS10 | Adjustment Quantity | R | 1-15 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2430.CAS10 is present, 2430.CAS08 must be present. | 11/25: Medicare specific limitation. 01/08: Not brought into Core System, so no Medicare size limit is needed. |
| X222.484.2430.CAS10.020 | 07/01/2011 | | CAS10 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.CAS10 must be 1-15 digits. | |
| X222.484.2430.CAS10.030 | 07/01/2011 | | CAS10 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | | |
| X222.484.2430.CAS10.040 | 07/01/2011 | | CAS10 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 694: "Amount must not be equal to zero" CSC 520: "Adjustment Quantity" EIC: GB "Other Insured" | 2430.CAS10 must not = 0. | |
| X222.484.2430.CAS11.010 | 07/01/2011 | | CAS11 | Adjustment Reason Code | ID | 1-5 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2430.CAS11 is present, 2430.CAS08 must be present. | Valid Claim Adjustment Reason Code reference must be available for this edit. |
| X222.484.2430.CAS11.020 | 07/01/2011 | | CAS11 | | | | | | | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error. CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date EIC: GB "Other Insured" | 2430.CAS011 must be a valid Claim Adjustment Reason Code on the date in 2430.DTP03 when DTP01 = "573". | |
| X222.484.2430.CAS12.010 | 07/01/2011 | | CAS12 | Adjustment Amount | R | 1-18 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2430.CAS11 is present, 2430.CAS12 must be present. | |
| X222.484.2430.CAS12.020 | 07/01/2011 | | CAS12 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2430.CAS12 must be numeric. | |
| X222.484.2430.CAS12.030 | 07/01/2011 | | CAS12 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 694: "Amount must not be equal to zero" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | 2430.CAS12 must not = 0. | |
| X222.484.2430.CAS12.040 | 07/01/2011 | | CAS12 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 697: "Invalid Decimal Precision" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | 2430.CAS12 is limited to 0, 1 or 2 decimal positions. | 11/25: Medicare specific limitation. 01/20: Companion Guide Note needed. |
| X222.484.2430.CAS12.050 | 07/01/2011 | | CAS12 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2430.CAS12 must be >= -99,999.99. and <= 99,999.99. | |
| X222.484.2430.CAS12.060 | 07/01/2011 | | CAS12 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | | |
| X222.484.2430.CAS13.010 | 07/01/2011 | | CAS13 | Adjustment Quantity | R | 1-15 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2430.CAS13 is present, 2430.CAS11 must be present. | 11/25: Medicare specific limitation. 01/08: Not brought into Core System, so no Medicare size limit is needed. |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.484.2430.CAS13.020 | 07/01/2011 | | CAS13 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.CAS13 must be 1-15 digits. | |
| X222.484.2430.CAS13.030 | 07/01/2011 | | CAS13 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | | |
| X222.484.2430.CAS13.040 | 07/01/2011 | | CAS13 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 694: "Amount must not be equal to zero" CSC 520: "Adjustment Quantity" EIC: GB "Other Insured" | 2430.CAS13 must not = 0. | |
| X222.484.2430.CAS14.010 | 07/01/2011 | | CAS14 | Adjustment Reason Code | ID | 1-5 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2430.CAS14 is present, 2430.CAS11 must be present. | Valid Claim Adjustment Reason Code reference must be available for this edit. |
| X222.484.2430.CAS14.020 | 07/01/2011 | | CAS14 | | | | | | | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error. CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date EIC: GB "Other Insured" | 2430.CAS014 must be a valid Claim Adjustment Reason Code on the date in 2430.DTP03 when DTP01 = "573". | |
| X222.484.2430.CAS15.010 | 07/01/2011 | | CAS15 | Adjustment Amount | R | 1-18 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2430.CAS14 is present, 2430.CAS15 must be present. | |
| X222.484.2430.CAS15.020 | 07/01/2011 | | CAS15 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2430.CAS15 must be numeric. | |
| X222.484.2430.CAS15.030 | 07/01/2011 | | CAS15 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 694: "Amount must not be equal to zero" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | 2430.CAS15 must not = 0. | |
| X222.484.2430.CAS15.040 | 07/01/2011 | | CAS15 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 697: "Invalid Decimal Precision" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | 2430.CAS15 is limited to 0, 1 or 2 decimal positions. | 11/25: Medicare specific limitation. 1/20: Companion Guide Note needed. |
| X222.484.2430.CAS15.050 | 07/01/2011 | | CAS15 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2430.CAS15 must be >= -99,999.99. and <= 99,999.99. | |
| X222.484.2430.CAS15.060 | 07/01/2011 | | CAS15 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | | |
| X222.484.2430.CAS16.010 | 07/01/2011 | | CAS16 | Adjustment Quantity | R | 1-15 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2430.CAS16 is present, 2430.CAS14 must be present. | 11/25: Medicare specific limitation. 01/08: Not brought into Core System, so no Medicare size limit is needed. |
| X222.484.2430.CAS16.020 | 07/01/2011 | | CAS16 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.CAS16 must be 1-15 digits. | |
| X222.484.2430.CAS16.030 | 07/01/2011 | | CAS16 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | | |
| X222.484.2430.CAS16.040 | 07/01/2011 | | CAS16 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 694: "Amount must not be equal to zero" CSC 520: "Adjustment Quantity" EIC: GB "Other Insured" | 2430.CAS16 must not = 0. | |
| X222.484.2430.CAS17.010 | 07/01/2011 | | CAS17 | Adjustment Reason Code | ID | 1-5 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2430.CAS17 is present, 2430.CAS14 must be present. | Valid Claim Adjustment Reason Code reference must be available for this edit. |
| X222.484.2430.CAS17.020 | 07/01/2011 | | CAS17 | | | | | | | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error. CSC 521: Adjustment Reason Code CSC 516: Adjudication or Payment Date EIC: GB "Other Insured" | 2430.CAS017 must be a valid Claim Adjustment Reason Code on the date in 2430.DTP03 when DTP01 = "573". | |
| X222.484.2430.CAS18.010 | 07/01/2011 | | CAS18 | Adjustment Amount | R | 1-18 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2430.CAS17 is present, 2430.CAS18 must be present. | |
| X222.484.2430.CAS18.020 | 07/01/2011 | | CAS18 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2430.CAS18 must be numeric. | |
| X222.484.2430.CAS18.030 | 07/01/2011 | | CAS18 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 694: "Amount must not be equal to zero" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | 2430.CAS18 must not = 0. | |
| X222.484.2430.CAS18.040 | 07/01/2011 | | CAS18 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 697: "Invalid Decimal Precision" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | 2430.CAS18 is limited to 0, 1 or 2 decimal positions. | 11/25: Medicare specific limitation. 01/20: Companion Guide Note needed. |
| X222.484.2430.CAS18.050 | 07/01/2011 | | CAS18 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2430.CAS18 must be >= -99,999.99. and <= 99,999.99. | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Reject | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.484.2430.CAS18.060 | 07/01/2011 | | CAS18 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | | |
| X222.484.2430.CAS19.010 | 07/01/2011 | | CAS19 | Adjustment Quantity | R | 1-15 | S | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2430.CAS19 is present, 2430.CAS17 must be present. | 11/25: Medicare specific limitation. 01/08: Not brought into Core System, so no Medicare size limit is needed. |
| X222.484.2430.CAS19.020 | 07/01/2011 | | CAS19 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2320.CAS19 must be 1-15 digits. | |
| X222.484.2430.CAS19.030 | 07/01/2011 | | CAS19 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 519: "Adjustment Amount" EIC: GB "Other Insured" | | |
| X222.484.2430.CAS19.040 | 07/01/2011 | | CAS19 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 694: "Amount must not be equal to zero" CSC 520: "Adjustment Quantity" EIC: GB "Other Insured" | 2430.CAS19 must not = 0. | |
| X222.490.2430.DTP.010 | 7/1/2011 revised 7/1/2017 | | DTP | LINE CHECK OR REMITTANCE DATE | | 1 | R | 2430 | | | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | Per Payer, if 2430.SVD is present, 2430.DTP must be present. | |
| X222.490.2430.DTP.020 | 7/1/2011 revised 7/1/2017 | | DTP | | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Per Payer, only one iteration of 2430.DTP is allowed. | |
| X222.490.2430.DTP01.010 | 07/01/2011 | | DTP01 | Date Time Qualifier | ID | 3-3 | R | | | 573 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2430.DTP01 must be present. | |
| X222.490.2430.DTP01.020 | 07/01/2011 | | DTP01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2430.DTP01 must be "573". | |
| X222.490.2430.DTP02.010 | 07/01/2011 | | DTP02 | Date Time Period Format Qualifier | ID | 2-3 | R | | | D8 | 999 | R | IK403 = 1: "Required Data Element Missing" | 2430.DTP02 must be present. | |
| X222.490.2430.DTP02.020 | 07/01/2011 | | DTP02 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2430.DTP02 must be "D8". | |
| X222.490.2430.DTP03.010 | 07/01/2011 | | DTP03 | Adjudication or Payment Date | AN | 1-35 | R | | | CCYYMMDD | 999 | R | IK403 = 1: "Required Data Element Missing" | 2430.DTP03 must be present. | |
| X222.490.2430.DTP03.020 | 07/01/2011 | | DTP03 | | | | | | | | 999 | R | IK403 = 8: "Invalid Date" | 2430.DTP03 must be a valid date in the format of CCYYMMDD. | |
| X222.490.2430.DTP03.030 | 07/01/2015 | | DTP03 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 510: "Future date" CSC 516 "Adjudication or Payment Date" | 2430.DTP03 must not be a future date. | |
| X222.491.2430.AMT.010 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.491.2430.AMT.020 | 07/01/2011 | | AMT | REMAINING PATIENT LIABILITY | | 1 | S | 2430 | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only one iteration of 2430.AMT is allowed. | |
| X222.491.2430.AMT.030 | 07/01/2011 | | AMT | | | | | | | | 277 | T | CSCC A8: "Acknowledgement/Rejected for relational field in error" CSC 6: "Balance due from the subscriber". EIC: GB "Other Insured" | If 2320 AMT (EAF) is present for the same payer, the 2430 AMT (EAF) must not be present | |
| X222.491.2430.AMT01.010 | 07/01/2011 | | AMT01 | Amount Qualifier Code | ID | 1-3 | R | | | EAF | 999 | R | IK403 = 1: "Required Data Element Missing" | 2430.AMT01 must be present. | |
| X222.491.2430.AMT01.020 | 07/01/2011 | | AMT01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2430.AMT01 must be "EAF". | |
| X222.491.2430.AMT02.005 | 07/01/2011 | | AMT02 | Remaining Patient Liability Amount | R | 1-18 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2430.AMT02 must be present. | |
| X222.491.2430.AMT02.010 | 07/01/2011 | | AMT02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2430.AMT02 must be numeric. | 11/25: Medicare specific limitation. 01/08: Medicare limit not needed for pass through elements. |
| X222.491.2430.AMT02.020 | 07/01/2011 | | AMT02 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2430.AMT02 must be <= 99,999.99. | |
| X222.491.2430.AMT02.030 | 07/01/2011 | | AMT02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 6: "Balance due from the subscriber" EIC: GB "Other Insured" | | |
| X222.491.2430.AMT02.040 | 07/01/2011 | | AMT02 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 697: "Invalid Decimal Precision" CSC 6: "Balance due from the subscriber" EIC: GB "Other Insured" | 2430.AMT02 is limited to 0, 1 or 2 decimal positions. | |
| X222.491.2430.AMT03.010 | 07/01/2011 | | AMT03 | Credit/Debit Flag Code | ID | 1-1 | N/U | | | | 999 | E | IK403 = I10: "Implementation "Not Used" Element Present" | Must not be present. | |
| X222.492.2440.LQ.010 | 07/01/2011 | | LQ | Form Identification Form Loop | | | | 2440 | >1 | | | | | | |
| X222.492.2440.LQ.015 | 07/01/2011 | | LQ | FORM IDENTIFICATION CODE | | 1 | S | 2440 | 1 | | 999 | R | IK304 = I9: "Implementation Dependent "Not Used" Segment Present" | | Part B only |
| X222.492.2440.LQ.020 | 07/01/2011 | | LQ | | | | | | | | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | If 2400.CR3 is present, 2440.LQ must be present. | DME only |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.492.2440.LQ.030 | 07/01/2011 | | LQ | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 698: "Form Type Identifier." | If 2440.PWK with PWK01 = "CT" and PWK02 = "AD" is present, 2440.LQ must be present. | |
| X222.492.2440.LQ.040 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.492.2440.LQ01.010 | 07/01/2011 | | LQ01 | Code List Qualifier Code | ID | 1-3 | R | | | AS, UT | 999 | R | IK403 = 1: "Required Data Element Missing" | 2440.LQ01 must be present. | DME only |
| X222.492.2440.LQ01.020 | 07/01/2011 | | LQ01 | | | | | | | | 999 | R | IK403 = 7: "Invalid Code Value" | 2440.LQ01 must be "UT". | DME only |
| X222.492.2440.LQ02.010 | 07/01/2011 | | LQ02 | Form Identifier | AN | 1-30 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2440.LQ02 must be present. | DME only |
| X222.492.2440.LQ02.020 | 7/1/2011 REVISED 01/01/2023 | | LQ02 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 698 "Form Type Identifier." | 2440.LQ02 for DOS prior to 1/1/2023, must be a valid DME MAC CMN/DIF Form number. For DOS 1/1/2023 and after, 2440.LQ02 CMN/DIF must not be submitted. | DME only. Valid DMERC CMN Form reference must be available for this edit. |
| X222.492.2440.LQ02.030 | 07/01/2011 | | LQ02 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 698 "Form Type Identifier." | 2440.LQ02 must be a valid form for the procedure code in 2400.SV102. | DME only |
| X222.492.2440.LQ02.040 | 07/01/2011 | | LQ02 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2440.LQ02 must contain at least one non-space character. | DME only |
| X222.494.2440.FRM.005 | 07/01/2011 | | FRM | SUPPORTING DOCUMENTATION | | 99 | R | 2440 | | | 999 | R | IK304 = I9: "Implementation Dependent "Not Used" Segment Present" | | Part B only |
| X222.494.2440.FRM.010 | 07/01/2011 | | FRM | | | | | | | | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | If 2440.LQ is present, 2440.FRM must be present. | |
| X222.494.2440.FRM.020 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.494.2440.FRM.025 | 07/01/2011 | | FRM | | | | | | | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error." CSC 21: "Missing or invalid information." CSC 699: "Question/Response from Supporting Documentation Form" | If 2440.LQ = "484.03", occurrences of 2440.FRM with FRM01 = ("1A" or "1B") and FRM01 = "1C" and FRM01 = "05" are required. | |
| X222.494.2440.FRM.030 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.494.2440.FRM.035 | 07/01/2011 | | FRM | | | | | | | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error." CSC 21: "Missing or invalid information." CSC 699: "Question/Response from Supporting Documentation Form" | If 2440.LQ = "484.03" and 2440.FRM01 = "1A" and FRM03 >= 55.5 and <= 59.4, occurrences of 2440.FRM with FRM01 = "07", "08" and "09" are required. | |
| X222.494.2440.FRM.040 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.494.2440.FRM.045 | 7/1/2011 | | FRM | | | | | | | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error." CSC 21: "Missing or invalid information." CSC 699: "Question/Response from Supporting Documentation Form" | If 2440.LQ = "484.03" and 2440.FRM01 = "1B" and FRM05 >= 88.5 and <=89.4, occurrences of 2440.FRM with FRM01 = "07", "08" and "09" are required. | |
| X222.494.2440.FRM.050 | 07/01/2011 | | FRM | | | | | | | | 999 | R | IK304 = I6: "Implementation Dependent Segment Missing" | If 2400.PWK with PWK01 = "CT" is present, 2440.FRM must be present. | DME only |
| X222.494.2440.FRM.060 | 07/01/2011 | | FRM | | | | | | | | 999 | R | IK304 = 5: "Segment Exceeds Maximum Use" | Only 99 iterations of 2440.FRM are allowed. | DME only |
| X222.494.2440.FRM01.010 | 07/01/2011 | | FRM01 | Question Number/Letter | AN | 1-20 | R | | | | 999 | R | IK403 = 1: "Required Data Element Missing" | 2440.FRM01 must be present. | DME only |
| X222.494.2440.FRM01.020 | 07/01/2011 | | FRM01 | | | | | | | | 999 | R | IK403 = 5: "Data Element Too Long" | 2440.FRM01 must be 1-20 characters | DME only |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.494.2440.FRM01.025 | 07/01/2011 | | | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 335: "Durable Medical Equipment Certification" CSC 699: "Question/Response from Supporting Documentation Form." | 2440.FRM01 must be valid for the value in 2440.LQ02. | |
| X222.494.2440.FRM01.030 Edit Deactivated | 07/01/2011 | **07/01/2012** | | | | | | | | | | | | | |
| X222.494.2440.FRM01.040 | 07/01/2011 | | FRM01 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 699: "Question/Response from Supporting Documentation Form." | If 2440.LQ02='484.03' and 2440.FRM01='6A' or '6B', an occurrence of FRM01 with the value of '6C' is required. | DME only |
| X222.494.2440.FRM01.050 | 07/01/2011 | | FRM01 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 699: "Question/Response from Supporting Documentation Form." | If 2440.LQ02='484.03' and 2440.FRM01='6C', an occurrence of FRM01 with the value of '6A' or '6B' is required. | DME only |
| X222.494.2440.FRM02.010 | 07/01/2011 | | FRM02 | Question Response | ID | 1-1 | S | | | N, W, Y | 999 | R | IK403 = 7: "Invalid Code Value" | 2440.FRM02 must be valid values. | DME only |
| X222.494.2440.FRM02.020 | 07/01/2011 | | FRM02 | | | | | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2440.FRM03 and 2440.FRM04 and 2440. FRM05 are not present, 2440.FRM02 must be present. | |
| X222.494.2440.FRM02.030 Edit Deactivated | 07/01/2011 | **07/01/2011** | | | | | | | | | | | | | |
| X222.494.2440.FRM02.035 | 07/01/2011 | | FRM02 | | | | | | | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error." CSC 21: "Missing or invalid information." CSC 699: "Question/Response from Supporting Documentation Form" | If 2440.LQ02 = '484.03' and 2440 FRM with FRM01 = "04", "07", "08" or "09" is present, then 2440.FRM02 must be present. | DME only |
| X222.494.2440.FRM03.010 | 07/01/2011 | | FRM03 | Question Response | AN | 1-50 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2440.FRM03 must contain at least one non-space character. | DME only |
| X222.494.2440.FRM03.020 | 07/01/2011 | | FRM03 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 699: "Question/Response from Supporting Documentation Form." | 2440.FRM03 must be present if 2440.LQ02 = "04.04" and 2440.FRM01 = "07B", "09B", "10B" or "10C". | DME only |
| X222.494.2440.FRM03.030 | 07/01/2011 | | FRM03 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 699: "Question/Response from Supporting Documentation Form." | 2440.FRM03 must be present if 2440.LQ02 = "06.03" and FRM01 = "02" or "03". | DME only |
| X222.494.2440.FRM03.040 | 07/01/2011 | | FRM03 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 699: "Question/Response from Supporting Documentation Form." | 2440.FRM03 must be present if 2440.LQ02 = "09.03" and FRM01 = "01", "01A", "01B", "01C", "02", "02A", "02B", "02C", "03" or "04". | DME only |
| X222.494.2440.FRM03.050 | 07/01/2011 | | FRM03 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 699: "Question/Response from Supporting Documentation Form." | 2440.FRM03 must be present if 2440.LQ02 = "10.03" and FRM01 = "03", "03A", "03B", "04", "04A", "04B", "05", "06", "08A", "08C", "08D", "08F", "08G" or "09". | DME only |
| X222.494.2440.FRM03.060 Edit Deactivated | 07/01/2011 | 10/03/2011 | | | | | | | | | | | | | |
| X222.494.2440.FRM03.070 | 07/01/2011 | | FRM03 | | | | | | | | 999 | E | IK403 = 5: "Data Element Too Long" | 2440.FRM03 must be 1 - 50 characters. | DME only |
| X222.494.2440.FRM03.080 | 07/01/2011 | | FRM03 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 512: "Length invalid for receiver's application system" CSC 699: "Question/Response from Supporting Documentation Form." | | DME only |
| X222.494.2440.FRM03.090 | 07/01/2011 | | FRM03 | | | | | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2440.FRM03 must be populated with accepted AN characters. | |
| X222.494.2440.FRM03.100 Edit Deactivated | 07/01/2011 | **07/01/2011** | | | | | | | | | | | | | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.494.2440.FRM03.110 | 07/01/2011 | | FRM03 | | | | | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2440.FRM02 and 2440.FRM04 and 2440. FRM05 are not present, 2440.FRM03 must be present. | |
| X222.494.2440.FRM03.120 Edit Deactivated | 07/01/2011 | **07/01/2011** | | | | | | | | | | | | | |
| X222.494.2440.FRM03.125 | 07/01/2011 | | FRM03 | | | | | | | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error." CSC 21: "Missing or invalid information." CSC 699: "Question/Response from Supporting Documentation Form" | If 2440.LQ02 = '484.03' and 2440 FRM with FRM01 = "1A", "6A, "02", "03" or "05" is present, then 2440.FRM03 must be present. | DME only |
| X222.494.2440.FRM04.010 | 07/01/2011 | | FRM04 | Question Response | DT | 8-8 | S | | | CCYYMMDD | 999 | R | IK403 = 8: "Invalid Date" | 2440.FRM04 must be a valid date in the format of CCYYMMDD. | DME only |
| X222.494.2440.FRM04.020 | 07/01/2011 | | FRM04 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 510: "Future date" CSC 699: "Question/Response from Supporting Documentation Form." | 2440.FRM04 must not be a future date. | DME only |
| X222.494.2440.FRM04.030 | 07/01/2011 | | FRM04 | | | | | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2440.FRM02 and 2440.FRM03 and 2440. FRM05 are not present, 2440.FRM04 must be present. | |
| X222.494.2440.FRM04.040 Edit Deactivated | 07/01/2011 | **07/01/2011** | | | | | | | | | | | | | |
| X222.494.2440.FRM04.045 | 07/01/2011 | | FRM04 | | | | | | | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error." CSC 21: "Missing or invalid information." CSC 699: "Question/Response from Supporting Documentation Form" | If 2440.LQ02 = '484.03' and 2440 FRM with FRM01 = "1C" or "6C" is present, then 2440.FRM04 must be present. | DME only |
| X222.494.2440.FRM05.010 | 07/01/2011 | | FRM05 | Question Response | R | 1-6 | S | | | | 999 | R | IK403 = 6: "Invalid Character in Data Element" | 2440.FRM05 must be numeric. | DME only |
| X222.494.2440.FRM05.020 | 07/01/2011 | | FRM05 | | | | | | | | 277 | C | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 699: "Question/Response from Supporting Documentation Form." | 2440.FRM05 must be present if 2440.LQ02 = "10.03" and FRM01 = "08B", "08E" or "08H". | DME only |
| X222.494.2440.FRM05.030 | 07/01/2011 | | FRM05 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 699: "Question/Response from Supporting Documentation Form." | 2440.FRM05 must be >= 0 and <= 100.0. | DME only |
| X222.494.2440.FRM05.040 | 07/01/2011 | | FRM05 | | | | | | | | 277 | T | CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 697: "Invalid Decimal Precision" CSC 699: "Question/Response from Supporting Documentation Form." | 2440.FRM05 is limited to 0 or 1 decimal positions. | DME only |
| X222.494.2440.FRM05.050 | 07/01/2011 | | FRM05 | | | | | | | | 999 | R | IK403 = 2: "Conditional Required Data Element Missing" | If 2440.FRM02 and 2440.FRM03 and 2440. FRM04 are not present, 2440.FRM05 must be present. | DME only |
| X222.494.2440.FRM05.060 | 07/01/2011 | | FRM05 | | | | | | | | 277 | C | CSCC A8: "Acknowledgement/Rejected for relational field in error." CSC 21: "Missing or invalid information." CSC 699: "Question/Response from Supporting Documentation Form" | If 2440.LQ02 = '484.03' and 2440 FRM with FRM01 = "1B" or "6B" is present, then 2440.FRM05 must be present. | |
| X222.496.SE.010 | 07/01/2011 | | SE | TRANSACTION SET TRAILER | | 1 | R | | >1 | | 999 | R | IK502 = 2: "Transaction Set Trailer Missing". | SE must be present. | |
| X222.496.SE.020 Edit Deactivated | 07/01/2011 | **07/01/2011** | | | | | | | | | | | | | |

| 837P CEDI Edit Reference | Implementation Date to Activate Edit | Implementation Date to Deactivate Edit | Segment or Element | Description | ID | Min. Max. | Usage Req. | Loop | Loop Repeat | 5010A1 Values | TA1/ 999/ 277CA | Accept/Rej ect | Disposition / Error Code | Proposed 5010A1 Edits CEDI | Misc. Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X222.496..SE01.010 | 07/01/2011 | | SE01 | Transaction Segment Count | N0 | 1-10 | R | | | | 999 | R | IK502 = 4: "Number of Included Segments Does Not Match Actual Count" | SE01 must be present. | |
| X222.496..SE01.020 | 07/01/2011 | | SE01 | | | | | | | | 999 | R | IK502 = 4: "Number of Included Segments Does Not Match Actual Count" | SE01 must be numeric. | |
| X222.496..SE01.030 | 07/01/2011 | | SE01 | | | | | | | | 999 | R | IK502 = 4: "Number of Included Segments Does Not Match Actual Count" | SE01 must equal the transaction segment count. | |
| X222.496..SE01.040 | 07/01/2011 | | SE01 | | | | | | | | 999 | R | IK502 = 4: "Number of Included Segments Does Not Match Actual Count" | SE01 must be > 0. | |
| X222.496..SE02.010 | 07/01/2011 | | SE02 | Transaction Set Control Number | AN | 4-9 | R | | | | 999 | R | IK502 = 3: "Transaction Set Control Number in Header and Trailer Do Not Match". | SE02 must be present. | |
| X222.496..SE02.020 | 07/01/2011 | | SE02 | | | | | | | | 999 | R | IK502 = 3: "Transaction Set Control Number in Header and Trailer Do Not Match". | SE02 must be ST02. | |
| X222.C8..GE.010 | 07/01/2011 | | **GE** | **Functional Group Trailer** | | **1** | **R** | | | | **999** | **R** | AK905 = 3: "Functional Group Trailer Missing" | **GE must be present.** | |
| X222.C8..GE.020 Edit Deactivated | 07/01/2011 | 07/01/2011 | | | | | | | | | | | | | |
| X222.C8..GE01.010 | 07/01/2011 | | GE01 | Number of Transaction Sets Included | N0 | 1-6 | R | | | | 999 | R | AK905 = 5: "Number of Included Transaction Sets Does Not Match Actual Count". | GE01 must be present. | |
| X222.C8..GE01.020 | 07/01/2011 | | GE01 | | | | | | | | 999 | R | AK905 = 5: "Number of Included Transaction Sets Does Not Match Actual Count". | GE01 must be numeric. | |
| X222.C8..GE01.030 | 07/01/2011 | | GE01 | | | | | | | | 999 | R | AK905 = 5: "Number of Included Transaction Sets Does Not Match Actual Count". | GE01 must equal the number of transaction sets included in the functional group. | |
| X222.C8..GE01.040 | 07/01/2011 | | GE01 | | | | | | | | 999 | R | AK905 = 5: "Number of Included Transaction Sets Does Not Match Actual Count". | GE01 must be > 0. | |
| X222.C8..GE02.010 | 07/01/2011 | | GE02 | Group Control Number | N0 | 1-9 | R | | | | 999 | R | AK905 = 4: "Group Control Number in the Functional Group Header and Trailer Do Not Agree". | GE02 must be present. | |
| X222.C8..GE02.020 | 07/01/2011 | | GE02 | | | | | | | | 999 | R | AK905 = 4: "Group Control Number in the Functional Group Header and Trailer Do Not Agree". | GE02 must = GS06. | |
| X222.C10..IEA.010 | 07/01/2011 Revised 01/06/2014 | | **IEA** | **Interchange Control Header** | | **1** | **R** | | | | **TA1** | **R** | TA105 = 022: "Invalid Control Structure" OR TA105 = 023: "Improper (Premature) End-of-File (Transmission)"OR TA105- 024 | **IEA must be present.** | |
| X222.C3..IEA.015 | 07/01/2012 REVISED 10/07/2013 | | **IEA** | | | | | | | | **TA1** | **R** | **TA105 = 022: "Invalid Control Structure" -OR- TA105= 023: "Improper (Premature) End-of-File (Transmission)" -OR- TA105: 024 "Invalid Interchange Content".** | **Only one iteration of IEA is allowed.** | Contractors are free to choose the edit that best fits their translator functionality. Revised 10/07/2013: TA105: 024 added. |
| X222.C10..IEA01.020 | 07/01/2011 | | IEA01 | | | | | | | | TA1 | R | TA105 = 021: "Invalid Number of Included Groups Value". | IEA01 must be numeric. | |
| X222.C10..IEA01.030 | 07/01/2011 | | IEA01 | | | | | | | | TA1 | R | TA105 = 021: "Invalid Number of Included Groups Value". | IEA01 must equal the number of functional groups included in the interchange. | |
| X222.C10..IEA01.040 | 07/01/2011 | | IEA01 | | | | | | | | TA1 | R | TA105 = 021: "Invalid Number of Included Groups Value". | IEA01 must be > 0. | |
| X222.C10..IEA02.010 | 07/01/2011 | | IEA02 | Interchange Control Number | N0 | 9-9 | R | | | | TA1 | R | TA105 = 001: "The Interchange Control Number in the Header and Trailer Do Not Match". | IEA02 must be present. | |
| X222.C10..IEA02.020 | 07/01/2011 | | IEA02 | | | | | | | | TA1 | R | TA105 = 001: "The Interchange Control Number in the Header and Trailer Do Not Match". | IEA02 must = ISA13 | |
| | | | | | | | | | | | | | | | |
| Color Coding | | | | Not Used or Must Not be Present | | | | | | | | | | | |
| Color Coding | | | | Edit Deactivated | | | | | | | | | | | |

| Edit Reference | Change | Decision Date | Reason |
|---|---|---|---|
| X222.492.2440.LQ02.020 | Column O edit description modified to include date of service (DOS) references.<br><br>Column P note corrected. | 3/9/2022 | CR 12642 Elimination of the Certificate of Medical Necessity (CMN) and the Durable Medical Equipment (DME) Information Forms (DIF) - IMPLEMENTATION |
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| | | | |
| | | | |

# Spreadsheet Details

·     **An Edit Identifier is used to uniquely identify each row in an Edit Spreadsheet.  It consists of the following fields separated by periods:**

*  TR3 Identifier.

*  TR3 Page reference for the segment identified.

*  TR3 Loop ID (if there is no loop ID there will be two periods together).

*  Segment ID and Element Position.

*  Edit Number (within the Segment ID / Element Position).

·     **The "Accept/Reject" Column will be populated with one of the following values as indicated below:**

*  R - The transaction set (ST-SE) is rejected back to the submitter.
*  E - The transaction set (ST-SE) is passed to the CEM where additional validation occurs.  Rejections for both syntax and business reasons will occur at the claim level within the CEM.
*  T - The error is identified in the translator and an STC record is added to the 837 flat file following the segment that had the error.
*  C - The error is identified in the CEM, a 277CA flat file, including the business error information, will be generated.

·     **Acronyms:**

*  CSC - Claim Status Code.

*  CSCC - Claim Status Category Code.

*  EIC - Entity Identifier Code.

·     **Edit inclusion methodology:**
*  If a segment/element/composite is required, based on either guide usage or by situational rule interpretation, there will be an edit that indicates it must be present.
*  If a segment/element/composite is not used, based on either guide usage or by situational rule interpretation, there will be an edit that indicates that it must not be present.
*  If a segment/element/composite does not have either of those explicit notations, the edits listed will apply when the segment/element/component is present.

·     **Assumptions:**
instructions or add Medicare specific requirements.  Unless otherwise explicitly specified in the EDITS worksheet, all X12 IG instructions must be followed.
constraints or business rules.  This notation indicates that the information is stored on the repository but not used in any CMS system processing.

* Front End processing will determine billing criteria (inpatient, outpatient, POA, etc.) based on the NUBC manual.  Specific criteria will not be included in this document.

included when they can be consistently enforced by a transaction receiver. In the absence of consistently enforceable criteria, no edit will be included to control inclusion/exclusion.

Example: 2320 COB Payer Amt Paid - there is no way for the receiver to determine whether the claim has been adjudicated by the payer in Loop 2330B, so no edit will be included for that criteria.

* Format definitions, rules, restrictions, guidance, or instructions published by the code set owner of an external code set must be met for a code from an external code set to be noted as "valid".

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).

· **Valid dates - dates must be valid according to the calendar for the specific year.**

* Only 01 - 12 are valid for the month positions of the date field.

* If month is "01", the day positions may be populated with 01 - 31.
* If month is "02", the day positions may be populated with 01 - 28, except during leap years (2008 was a leap year, leap years occur every 4 years) when the day positions may be populated with 01 - 29.

* If month is "03", the day positions may be populated with 01 - 31.

* If month is "04", the day positions may be populated with 01 - 30.

* If month is "05", the day positions may be populated with 01 - 31.

* If month is "06", the day positions may be populated with 01 - 30.

* If month is "07", the day positions may be populated with 01 - 31.

* If month is "08", the day positions may be populated with 01 - 31.

* If month is "09", the day positions may be populated with 01 - 30.

* If month is "10", the day positions may be populated with 01 - 31.

* If month is "11", the day positions may be populated with 01 - 30.

* If month is "12", the day positions may be populated with 01 - 31.

· **Future Date edits:**
* Edits restricting a date field from being a "future date" should be evaluated against the date the file was received.

· **ICD Codes:**

* Edits that are specific to the period when ICD-9 is allowed are highlighted in pink.

* Edits that are specific to the period when ICD-10 is allowed are highlighted in turquoise.

·    **Numeric edits:**

* Positive/Negative/Zero:
**- Any numeric value with an edit that indicates it must be >= 0 means that negative numbers are not allowed.**
**- Any numeric value with an edit that indicates it must be > 0 means that neither zero nor negative numbers are allowed.**

**- If neither of these explicit edit are present, negative, zero, and positive numbers are allowed.**
* If an edit references a numeric value (must be >=, <= or = with a numeric limitation) implies a numeric content requirement so the standard numeric check will not be included.

* The words "digit" or "digits" in an edit implies numeric content.

·    **Alphanumeric edits:**

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


# <u>Terms and Definitions</u>

·    The flow of the transactions is:

**\* Front end processing – commercial translator edits, specific to each contractor.**

- EDI syntax integrity validation

·    Valid Segments (e.g. valid segment identifier, number of elements, delimiters)

·    Segment order (as defined by the X12 / NCPDP standard)

·    Element Attributes (e.g. X12 usage, repetitions, data type, and min/max size)

·    Numeric element validation (e.g. leading minus signs, decimal points for R data types)

·    X12 / NCPDP syntactical rules

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

·      Repeat maximums for segments, loops, elements (when repeating element are used)

·      Used and un-used qualifiers, (internal) codes, elements, and segments

·      Intra-segment situational data elements (e.g. DTP for auto accident becomes required when CLM011-1 or CLM11-2 is "AA" or "OA")

**\* Common edit module – identical processing across contractors**

- External code source validation

- All CMS business rule validation that is evaluated post-translation

- Balancing edits

- Situation  based edits

- Code Set edits

- Product Type/Type of Service edits

**\* Shared system – CMS claims processing system.**

·      **277** – Denotes that a 277 acknowledgement will be returned to the submitter.

common edit module is invoked).  When this type of error is identified an STC record is added to the 837 flat file following the segment with the identified error.

type of error is identified an STC record is added to the 277 flat file following the segment with the identified error.

·      **999** – Denotes that a 999 acknowledgement will be returned to the submitter.

rejected back to the submitter.  If multiple transaction sets are included in one functional group, only the transaction set with an identified 999R error will be rejected, not all the transaction sets in the functional

set (ST-SE) will continue to be evaluated against the translator errors before being passed to the CEM for additional validation.  When an error is identified an STC record is added to the 837 flat file following the segment with the identified error.

   **Exception:**  If the 999E is based on usage of a "Not Used" element only a 999E will be generated and sent back to the submitter.  No corresponding 277 will be created in the flat file for this type of error.

## Assumptions

·      277 acknowledgements and 999 acknowledgements are not mutually exclusive.

## General Edit Rules:

for reporting one or many transaction set errors.  The first error is reported in the first error element (IK502). If there is a second error, it is reported in the second error element (IK503), and so on through the fifth error element (IK506).  IK502: 6 "Missing or Invalid Transaction Set Identifier" is in the **Duplicate ST-SE transaction sets shall be rejected as follows:**
CSCC A8:  Acknowledgement / Rejected for relational field in error
CSC 746: Duplicate Submission. **Note:** use only at the information receiver level in the Health Care Claim Acknowledgement transaction
EIC: 40: Receiver

**These are the priority rules.  They supersede the secondary rules whenever there is a conflict between the instructions.**

·      999R edits stand alone.  They are not associated with a corresponding 277 error.

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

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

·      277C edits stand alone.  They are not associated with a corresponding 999 error.

·      277T edits are usually preceded by a 999E edit but can stand alone.
*  Special Case: When an element has more than one error that can be identified in the translator, there can be multiple 277Ts following one 999E.
acknowledged as shown in the spreadsheet.  If  envelope errors result in a transaction not being recognized as an X12 transaction, contractors have flexibility on how to acknowledge the transaction.

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

*  Exception:  "Not Used" elements will be associated with stand-alone 999E edits.

·      All Table 2 edits related to CMS business constraints will be associated with a 277 edit.
*  EDI Syntax Integrity Validation (WEDI Level 1) or HIPAA Syntax Integrity Validation, which includes Situational Rule Validation  (WEDI Level 2) edits will be associated with a 277T edit.

*  Common Edit Module validation (WEDI Levels 3 through 6) edits will be associated with a 277C edit.
·      All Table 2 edits related to CMS technical constraints will be associated with a 999E followed by a 277T edit.
*  Examples: amounts or quantities for which CMS's internal system size is smaller than the IG allowed maximum.

## Specific Edit Rules:

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

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

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

· All "… must be populated with accepted AN characters" edits will result in a 999R (IK403=6).

· All "…must be # - ## characters" edits will be associated with a 999E (IK403=4 or IK403=5)/277T edit combination.

· All "…must be {<, >, =, <=,>=}" edits that establish element length will be associated with a 999E (IK403=4 or IK403=5)/277T edit combination.

· All "…must contain at least ## non-space characters" edits will be associated with a 999R edit (IK403=6).

· All "…must be present" edits at the segment level will be associated with a 999R edit (IK304=3).
**Exception:** if the edit reflects Medicare business rules instead of X12 syntax rules, the edit will be associated with a 277T edit.

· All "…must be present" edits at the element level will be associated with a 999R edit (IK403=1).
**Exception:** if the edit reflects Medicare business rules instead of X12 syntax rules, the edit will be associated with a 277T edit.

· All "If … is not present, … must be present" edits at the segment level will be associated with a 999R edit (IK304=I6).

· All "If … is present, … must be present" edits referring to a relationship between two elements within the same segment will be associated with a 999R edit (IK403=2).

· All "If … is present, … must be present" edits referring to a relationship between two different segments will be associated with a 277C edit.

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

· All "If … is present, … may be present" edits referring to a relationship between two different segments will be associated with a 999R edit (IK304=I9).

· All "…must be valid values" edits will be associated with a 999R edit (IK403=7).

· All "…must be {explicit value}" edits will be associated with a 999R edit (IK403=7).

· All "…must be numeric" edits will be associated with a 999R edit (IK403=6).

· All external code source edits will be associated with a 277C edit.

· All "must be an integer" edits will be associated with a 999R edit (IK403=6).

· All "must be a valid date" edits will be associated with a 999R edit (IK403=8).

· All "must be a valid time" edits will be associated with a 999R edit (IK403=8).

· All "must not be present" edits at the segment level will be associated with a 277T edit.

· All "must not be present" edits at the element level will be associated with a 999E edit (IK403=I10).
· All "If ...NM102 is "2", … must not be present" edits will be associated with a 999R edit (IK403=I13).
· All dollar amounts or numeric elements that use <, >, =, <=, or >= to establish value limits will be associated with a 277T edit.

· All edits limiting the number of iterations of a segment will be associated with a 999R (IK304=5).
* **Exception:** All edits limiting the number of iterations of the first segment of a loop will be associated with a 999R (IK304=4).

## Segment or Element Specific Edit Rules:

**These are the tertiary rules.  They apply only when they do not violate the priority or secondary rules.**
· In Loops 1000A and 2010AA, NM109 edits referring to "approved electronic submitter" (trading partner management edits) will be associated with a 999R edit (trading partner management edits).
· Elements that are situational in the TR3 but listed as "must not be present" and shaded gray on the edits spreadsheets are not to be mapped to the flat file.