Executive Office of Health and Human Services

Standard Companion Guide Transaction Information

Rhode Island Medicaid

Instructions related to 277CA Transactions based on ASC X12 Implementation Guides, version 005010

Encounter Data
Version 1.3

Hewlett Packard Enterprise

Revision History

VERSION	DATE	SECTION REVISED	REASON FOR REVISION
1.2	3.17.15	Various sections	UHIP changes
1.3	11.01.15	Logo and title page	HPE name change

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Introduction

This guide is provided to assist RI Medicaid Managed Care Organizations with the process of registering to exchange Electronic Data Interchange (EDI) transactions with RI Medicaid, to prepare for Level 6 (Specialty Line of Business) testing with RI Medicaid, and to utilize the RI Medicaid Portal, a web enabled interface, to send and receive X12N transactions for the purpose of submitting for RI Title XIX Services.

Purpose

These specifications are to be used in conjunction with the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3. These reports can be obtained from the Washington Publishing Company at www.wpc-edi.com. The RI Medicaid 277CA Healthcare Claim Acknowledgment Companion Guide provides supplemental information specific to RI Medicaid permitted within the HIPAA transaction sets. Specifications may be updated as necessary.

Detailed information on claim utilization submission rules can be found in the RI Medicaid Encounter Utilization Submission Guide.

HIPAA does not mandate that only X12N transactions can be used to exchange healthcare data. That being said, it is the expectation of the RI Medicaid program that claim utilization reporting from participating Managed Care Health Plans will be in the X12N 837 standard for Professional, Institutional and Dental claims and therefore will be reported back in X12 277CA transactional format.

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277CA File Transaction

This transaction is used to acknowledge the compliance validity and acceptability of each X12N 837 Electronic Institutional, Professional and Dental Encounter claim transaction processed through the MMIS for the Rite Care, Rhody Health Partners, and Rite Smiles Programs. The transaction will be exchanged between RI Medicaid and the participating health plans.

005010X214 277CA Transactions

PRE-HEADER		
Segment	**ISA Interchange Information**	
Reference	**Name**	**Rhode Island Requirements**
ISA01	Authorization Information Qualifier	'00'
ISA03	Security Information Qualifier	'00'.
ISA05	Interchange ID qualifier	'**"ZZ"** Mutually Defined
ISA06	Interchange Sender ID	**"056000522"** RI EIN
ISA07	Interchange ID Qualifier	**"ZZ"** Mutually Defined
ISA08	Interchange Receiver ID	Health Plan Trading Partner ID assigned by RI Medicaid
ISA09	Interchange Date	YYMMDD
ISA10	Interchange Time	HHMM
ISA11	Repetition Separator	^
ISA12	Interchange Control Version Number	'00501'
ISA13	Interchange Control Number	Control Number assigned by the RI Medicaid. Identical to IEA02
ISA14	Acknowledgement Requested	"0" No Interchange Acknowledgement Requested
ISA15	Usage Indicator	**"P"** Production **"T"** Test Note: (Only during user acceptance testing will T = Test Data be used)

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Segment	GS Functional Group Header	
Reference	**Name**	**Rhode Island Requirements**
GS01	Functional Identifier Code	**"HN"** Health Care Information Status Notification (277)
GS02	Application Sender Code	**'056000522'** RI Medicaid EIN
GS03	Application Receiver Code	Populate with Trading Partner ID assigned by RI Medicaid
GS08	Version Identifier Code	**"005010X214'**

LOOP D	HEADER	
Segment	**ST Transaction Set Header**	
Reference	**Name**	**Rhode Island Requirements**
ST01	Transaction Set Identifier Code	**"277"** Health Care Information Status Notification
ST03	Implementation Convention Reference	'**005010X214**"
Segment	**BHT Beginning of Hierarchical Transaction**	
Reference	**Name**	**Rhode Island Requirements**
BHT01	Hierarchical Structure Code	**"0085"** Information Source, Information Receiver, Provider of Service, Patient
BHT02	Transaction Set Purpose Code	**"08"** Status
BHT03	Reference Identification	Batch control number as assigned by the RI Medicaid Program
BHT04	Transaction Set Creation Date	CCYYMMDD - transaction set creation date
BHT05	Time	HHMM – transaction set creation time
BHT06	Transaction Type Code	**"TH"** Receipt Acknowledgement Advice

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LOOP ID	2000A INFORMATION SOURCE LEVEL	
Segment	HL Information Source Level	
Reference	**Names**	**Rhode Island Requirements**
HL01	Hierarchical ID Number	**" 1"** for the first HL01 segment, and increment for each HL segment
HL03	Hierarchical Level Code	**"20"** Information source
HL04	Hierarchical Child Code	**"1"** Addl Subordinate HL Data segment

LOOP ID	2100A INFORMATION SOURCE NAME	
Segment	NM1 Information Source Name	
Reference	**Names**	**Rhode Island Requirements**
NM101	Entity Identifier Code	**"PR"** Payer
NM102	Entity Type Qualifier	**"2"** Non-Person Entity
NM103	Name Last / Org Name	"RI Medicaid"
NM108	ID Code Qualifier	**"FI"** Federal Taxpayer's Identification Number
NM109	Identification Code	Populate with RI Medicaid # **"056000522"**

LOOP ID	2200A TRANSMISSION RECEIPT CONTROL IDENTIFIER	
Segment	TRN Transmission Receipt Control Identifier	
Reference	**Names**	**Rhode Island Requirements**
TRN01	Trace type code	**"1"** Current Transaction Trace Numbers
TRN02	Reference Identification	Information Source Application Trace Number. Note: Unique trace number that identifies a specific transaction. This number is Assigned by the information source.

LOOP ID	2200A TRANSMISSION RECEIPT CONTROL IDENTIFIER	
Segment	DTP Information Source Receipt Date	
Reference	**Names**	**Rhode Island Requirements**
DTP03	Date Time Period	Information Source Receipt Date Note: This is the receipt date of the RI Medicaid original 837 encounter file. This date may or may not be the same date as the Information Source Process Date

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LOOP ID	2200A TRANSMISSION RECEIPT CONTROL IDENTIFIER	
Segment	**DTP Information Source Process Date**	
Reference	**Names**	**Rhode Island Requirements**
DTP03	Date Time Period	Information Source Process Date Note: This is the process date of the RI Medicaid original 837 encounter file. This date may or may not be the same date as the Information Source Receipt Date

LOOP ID	2000B INFORMATION RECEIVER LEVEL	
Segment	**HL Information Receiver Level**	
Reference	**Names**	**Rhode Island Requirements**
HL01	Hierarchical ID Number	**" 1"** for the first HL01 segment, and increment for each HL segment
HL02	Hierarchical Parent ID Number	This is the identifier of next higher hierarchical data segment that the data segment is being described as subordinate to
HL03	Hierarchical Level Code	**"21"** Information Receiver
HL04	Hierarchical Child Code	**"0"** No Subordinate HL Data segment. Used when the STC03 = U (reject entire transaction) **"1"** Addl Subordinate HL Data segment - Used when the STC03 = WQ (accept entire transaction)

LOOP ID	2100B INFORMATION RECEIVER NAME	
Segment	**NM1 Information Receiver Name**	
Reference	**Name**	**Rhode Island Requirements**
NM101	Entity Identifier Code	**"41"** Submitter
NM102	Entity Type Qualifier	**"2"** Non-person
NM103	Name Last or Organization Name	Original submitting Health Plan name
NM108	ID Code qualifier	**"46"** Electronic Transmitter Identification Number (ETIN)
NM109	ID Code	Health Plans Trading Partner ID as assigned by RI Medicaid

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LOOP ID	2200B INFORMATION RECEIVER APPLICATION TRACE IDENTIFIER	
Segment	TRN Information Receiver Application Trace Identifier	
Reference	**Names**	**Rhode Island Requirements**
TRN01	Trace Type Code	**"2" Referenced** Current Transaction Trace Numbers
TRN02	Reference Identification	Information Source Application Trace Number. Identical to value in BHT03

LOOP ID	2200B INFORMATION RECEIVER APPLICATION TRACE IDENTIFIER	
Segment	STC Information Receiver Status Information	
Reference	**Names**	**Rhode Island Requirements**
STC01-1	Industry Code	Health Care Claim Status Category Code - use of the Claims Status Category Code is limited to category type 'A' The value will be defaulted to A1 – Acknowledged/Receipt – The claim/encounter claim has been received. This does not mean that the claim has been accepted for adjudication. **see WPC Health Care Status Category Code list for Valid Values
STC01-2	Industry Code	Health Care Claim Status Code - This field will contain a defaulted value of 19 – Entity acknowledges receipt of claim/encounter **see WPC list for Valid values
STC01-3	Entity Identifier Code	**40** = Receiver – defaulted value
STC02	Date	CCYYMMDD **-** status information effective date
STC03	Action Code	"**WQ**" Accepted (defaulted value)
STC04	Monetary Amount	Total Submitted Charges for Unit Work – sum of all CLM02

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LOOP ID	2200B INFORMATION RECEIVER APPLICATION TRACE IDENTIFIER	
Segment	QTY Total Accepted Quantity	
Reference	**Names**	**Rhode Island Requirements**
QTY01	Quantity Qualifier	**"90"** Acknowledged Quantity
QTY02	Quantity	Number of claims accepted

LOOP ID	2200B INFORMATION RECEIVER APPLICATION TRACE IDENTIFIER	
Segment	QTY Total Rejected Quantity	
Reference	**Names**	**Rhode Island Requirements**
QTY01	Quantity Qualifier	**"AA"** Unacknowledged Quantity
QTY02	Quantity	Number of claims rejected

LOOP ID	2200B INFORMATION RECEIVER APPLICATION TRACE IDENTIFIER	
Segment	AMT Total Accepted Amount	
Reference	**Names**	**Rhode Island Requirements**
AMT01	Amount Qualifier Code	**"YU"** In process
AMT02	Monetary Amount	Total dollar amount of claims accepted

LOOP ID	2200B INFORMATION RECEIVER APPLICATION TRACE IDENTIFIER	
Segment	AMT Total Rejected Amount	
Reference	**Names**	**Rhode Island Requirements**
AMT01	Amount Qualifier Code	**"YY"** Returned
AMT02	Monetary Amount	Total dollar amount of claims rejected

LOOP ID	2000C BILLING PROVIDER OF SERVICE LEVEL	
Segment	HL Billing Provider Service Level	
Reference	**Names**	**Rhode Island Requirements**
HL01	Hierarchical ID Number	**" 1"** for the first HL01 segment, and increment for each HL segment
HL02	Hierarchical Parent ID Number	This is the identifier of next higher hierarchical data segment that the data segment is being described as subordinate to
HL03	Hierarchical Level Code	**"19"** Provider of Service
HL04	Hierarchical Child Code	**"0"** No Subordinate HL Data segment.

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		Used when the STC03 = U (reject entire transaction) **"1"** Addl Subordinate HL Data segment - Used when the STC03 = WQ (accept entire transaction)

LOOP ID	**2100C BILLING PROVIDER NAME**	
Segment	**NM1 Information Source Name**	
Reference	**Names**	**Rhode Island Requirements**
NM101	Entity Identifier Code	**"85"** Billing Provider
NM102	Entity Type Qualifier	**"1"** Person "**2**" Non-Person Entity
NM103	Name Last/Org name	Billing Provider Last or Organization name
NM104	Name First	Billing Provider's First name (reported if Entity Qualifier is '1')
NM105	Name Middle	Billing Provider's Middle name (reported if Entity Qualifier is '1')
NM107	Name Suffix	Billing Provider's Suffix name
NM108	ID Code Qualifier	XX = National Provider Identifier (NPI)
NM109	ID Code	Billing Provider's Identifier

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LOOP ID	**2200C PROVIDER OF SERVICE INFORMATION TRACE IDENTIFIER**	
Segment	**TRN Provider of Service Information Trace Identifier**	
Reference	**Names**	**Rhode Island Requirements**
TRN01	Trace type code	**"1"** Current Transaction Trace Numbers
TRN02	Reference Identification	Provider of Service Information Trace Identifier

LOOP ID	**2200C PROVIDER OF SERVICE INFORMATION TRACE IDENTIFIER**	
Segment	**STC Billing Provider Status Information**	
Reference	**Names**	**Rhode Island Requirements**
STC01-1	Industry Code	Health Care Claim Status Category Code -use of the Claims Status Category Code is limited to category type 'A' **see WPC Health Care Status Category Code list for Valid Values
STC01-2	Industry Code	Health Care Claim Status Code **see WPC list for Valid values
STC01-3	Entity Identifier Code	See 277CA Implementation Guide for valid values
STC03	Action Code	**"U"** Reject (used when all claims for the provider are rejected due to errors) "**WQ"** Accepted (at least one HL segment must be reported)
STC04	Monetary Amount	Total Submitted Charges for Unit Work – sum of CLM02
STC10-1	Industry Code	Health Care Claim Status Category Code - use of the Claims Status Category Code is limited to category type 'A' **see WPC Health Care Status Category Code list for Valid Values
STC10-2	Industry Code	Health Care Claim Status Code **see WPC list for Valid values
STC10-3	Entity Identifier Code	See 277CA Implementation Guide for valid values
STC11-1	Industry Code	Health Care Claim Status Category Code - use of the Claims Status Category Code is limited to category type 'A'

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		**see WPC Health Care Status Category Code list for Valid Values
STC11-2	Industry Code	Health Care Claim Status Code **see WPC list for Valid values
STC11-3	Entity Identifier Code	See 277CA Implementation Guide for valid values

LOOP ID	**2200C PROVIDER OF SERVICE INFORMATION TRACE IDENTIFIER**	
Segment	**REF Provider Secondary Identifier**	
Reference	**Names**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	**“G2”** Provider Commercial Number - For Atypical providers ONLY in situations where the provider type (of the original Billing Provider) is considered to be atypical, based upon agreement between EOHHS and the Health Plan. This field will not be populated for providers that have an NPI.
REF02	Reference Identification	Billing Provider Additional Identifier

LOOP ID	**2200C PROVIDER OF SERVICE INFORMATION TRACE IDENTIFIER**	
Segment	**QTY Total Accepted Quantity**	
Reference	**Names**	**Rhode Island Requirements**
QTY01	Quantity Qualifier	**“QA”** Quantity Approved
QTY02	Quantity	Total Accepted Quantity

LOOP ID	**2200C PROVIDER OF SERVICE INFORMATION TRACE IDENTIFIER**	
Segment	**QTY Total Rejected Quantity**	
Reference	**Names**	**Rhode Island Requirements**
QTY01	Quantity Qualifier	**“QC”** Quantity Disapproved
QTY02	Quantity	Total Rejected Quantity

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LOOP ID	2200C PROVIDER OF SERVICE INFORMATION TRACE IDENTIFIER	
Segment	AMT Total Accepted Amount	
Reference	**Names**	**Rhode Island Requirements**
AMT01	Amount Qualifier Code	**"YU"** In process
AMT02	Monetary Amount	Total Accepted Amount

LOOP ID	2200C PROVIDER OF SERVICE INFORMATION TRACE IDENTIFIER	
Segment	AMT Total Rejected Amount	
Reference	**Names**	**Rhode Island Requirements**
AMT01	Amount Qualifier Code	**"YY"** Returned
AMT02	Monetary Amount	Total Rejected Amount

LOOP ID	2000D PATIENT LEVEL	
Segment	HL Patient Level	
Reference	**Names**	**Rhode Island Requirements**
HL01	Hierarchical ID Number	**" 1"-** for the first HL01 segment, and increment for each HL segment
HL02	Hierarchical Parent ID Number	This is the identifier of next higher hierarchical data segment that the data segment is being described as subordinate to
HL03	Hierarchical Level Code	**"PT"** Patient

LOOP ID	2100D PATIENT NAME	
Segment	NM1 Patient Name	
Reference	**Names**	**Rhode Island Requirements**
NM108	ID Code Qualifier	**"MI"** Member Identification Number
NM109	ID Code	Patient Identification Number - Medicaid Identification Number (MID) 10 characters

LOOP ID	2200D CLAIMS STATUS TRACKING NUMBER	
Segment	TRN Claim Status Tracking Number	
Reference	**Names**	**Rhode Island Requirements**
TRN01	Trace type code	**"2"** Referenced Transaction Trace Numbers
TRN02	Reference Identification	Patient Control Number - corresponds to the CLM)1 of the original 837 claim submission

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LOOP ID	**2200D CLAIM STATUS TRACKING NUMBERS********	
Segment	**STC Claim Level Status Information**	
Reference	**Names**	**Rhode Island Requirements**
STC01-1	Industry Code	Health Care Claim Status Category Code - use of the Claims Status Category Code is limited to category type 'A' **see WPC Health Care Status Category Code list for Valid Values
STC01-2	Industry Code	Health Care Claim Status Code **see WPC list for Valid values
STC01-3	Entity Identifier Code	See 277CA Implementation Guide for valid values
STC02	Date	**CCYYMMDD** status information effective date
STC03	Action Code	**"U"** Reject **"WQ"** Accepted
STC04	Monetary Amount	Total Claim Charge Amount – sum of CLM02
STC10-1***	Industry Code	Health Care Claim Status Category Code - use of the Claims Status Category Code is limited to category type 'A' **see WPC Health Care Status Category Code list for Valid Values
STC10-2	Industry Code	Health Care Claim Status Code **see WPC list for Valid values
STC10-3	Entity Identifier Code	See 277CA Implementation Guide for valid values
STC11-1***	Industry Code	Health Care Claim Status Category Code - use of the Claims Status Category Code is limited to category type 'A' **see WPC Health Care Status Category Code list for Valid Values
STC11-2	Industry Code	Health Care Claim Status Code **see WPC list for Valid values
STC11-3	Entity Identifier Code	See 277CA Implementation Guide for valid values

***** - these STCs will be used if a second status code is required for further clarification. Example: status code 21 - Missing or invalid information. Note: At least one other status code is required to identify the missing or invalid information.**

****** - For claims that set multiple edits, we will report multiple STC loops.**

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LOOP ID	2200D CLAIMS STATUS TRACKING NUMBER	
Segment	REF Payor Claim Control Number	
Reference	**Names**	**Reference**
REF01	Reference Identification Qualifier	**"1K"** Payor's Claim Number
REF02	Reference Identification	Payers Claim Control Number - MMIS assigned Internal Control Number (ICN)

LOOP ID	2200D CLAIMS STATUS TRACKING NUMBER	
Segment	REF Claim Identifier for Clearinghouse and Other Intermediaries	
Reference	**Names**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	**"D9"** Claim Number
REF02	Reference Identification	Health Plan Internal Control Number as reported on the original 837 claim record

LOOP ID	2200D CLAIMS STATUS TRACKING NUMBER	
Segment	REF Institutional Bill Type Identification	
Reference	**Names**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	**"BLT"** Billing Type - used only for Institutional claims
REF02	Reference Identification	Bill Type Identifier reported from the original 837 claim record

LOOP ID	2200D CLAIMS STATUS TRACKING NUMBER	
Segment	DTP Claim Level Service Date	
Reference	**Names**	**Rhode Island Requirements**
DTP01	Date/Time Qualifier	**"472"** Service
DTP02	Date Time Period Format Qualifier	**"D8"** CCYYMMDD "**RD8"** CCYYMMDD - CCYYMMDD
DTP03	Date Time Period	837P - Earliest service date from 2400 (DTP01-472) from the original 837 claim record 837I - Statement period from 2300 (DTP01-434) from the original 837 claim record

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		837D- Service date at the claim loop from 2300 (DTP01- 472) from the original 837 claim record

LOOP ID	**2220D SERVICE LINE INFORMATION**	
Segment	**SVC Service Line Information**	
Reference	**Names**	**Rhode Island Requirements**
SVC01-1	Product/Service ID Qualifier	**"AD"** American Dental Association Codes "**HC"** Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes "**NU"** National Uniform Billing Committee (NUBC) UB92 Codes
SVC01-2	Product/Service ID	Procedure Code or Revenue Code
SVC01-3	Procedure Modifier	Modifier code 1
SVC01-4	Procedure Modifier	Modifier code 2
SVC01-5	Procedure Modifier	Modifier code 3
SVC01-6	Procedure Modifier	Modifier code 4
SVC02	Monetary Amount	Line Item Charge Amount
SVC04	Product/Service ID	Revenue code (when received with HCPC in SV01-2)
SVC07	Quantity	Original Units of Service Count

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LOOP ID	2220D SERVICE LINE INFORMATION	
Segment	**STC Service Line Level Status Information**	
Reference	**Names**	**Rhode Island Requirements**
STC01-1	Industry Code	Health Care Claim Status Category Code -use of the Claims Status Category Code is limited to category type 'A' **see WPC Health Care Status Category Code list for Valid Values
STC01-2	Industry Code	Health Care Claim Status Code **see WPC list for Valid values
STC01-3	Entity Identifier Code	See 277CA Implementation Guide for valid values
STC03	Action Code	**"U"** Reject
STC10-1	Industry Code	Health Care Claim Status Category Code use of the Claims Status Category Code is limited to category type 'A' **see WPC Health Care Status Category Code list for Valid Values
STC10-2	Industry Code	Health Care Claim Status Code **see WPC list for Valid values
STC10-3	Entity Identifier Code	See 277CA Implementation Guide for valid values
STC11-1	Industry Code	Health Care Claim Status Category Code use of the Claims Status Category Code is limited to category type 'A' **see WPC Health Care Status Category Code list for Valid Values
STC11-2	Industry Code	Health Care Claim Status Code **see WPC list for Valid values
STC11-3	Entity Identifier Code	See 277CA Implementation Guide for valid values

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LOOP ID	2220D SERVICE LINE INFORMATION	
Segment	**REF Service Line Item Identification**	
Reference	**Names**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	**"FJ"** Line Item Control Number
REF02	Reference Identification	Line Item Control Number if submitted on the original 837 claim record, else the value will correspond to the detail line number of the record.

LOOP ID	2220D SERVICE LINE INFORMATION	
Segment	**REF Pharmacy Prescription Number**	
Reference	**Names**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	**"XZ"** Pharmacy Prescription Number
REF02	Reference Identification	Pharmacy Prescription Number – if submitted on the original 837 claim record

LOOP ID	2220D SERVICE LINE INFORMATION	
Segment	**DTP Service Line Date**	
Reference	**Names**	**Rhode Island Requirements**
DTP01	Date/Time Qualifier	**"472"** Service
DTP02	Date Time Period Format Qualifier	**"D8"** CCYYMMDD "**RD8"** CCYYMMDD - CCYYMMDD
DTP03	Date Time Period	Service Line Date - corresponds to the detail line date of service reported on the original 837 claim record

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LOOP ID	TRAILER	
Segment	SE Transaction Set Trailer	
Reference	Name	Rhode Island Requirements
SE01	Number of Included Segments	Transaction Segment Count - total number of transmitted segments including ST and SE
SE02	Transaction Set Control Header	Identical to ST02 reported in the header of the transaction
Segment	GE Functional Group Trailer	
Reference	Name	Rhode Island Requirements
GE01	Number of Transaction Sets Included	Total number of ST/SE transaction sets
GE02	Group Control Number	Identical to GS06 reported in the header of the transaction
Segment	IEA Interchange Control Trailer	
Reference	Name	Rhode Island Requirements
IEA01	Number of Transaction Functional Groups	Count of the number of function groups
IEA02	Interchange Control Number	Control Number assigned by RI Medicaid

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Health Care Status Category Codes –

This code is used within the STC loop to explain whether the transaction was accepted or rejected. Note: the Washington Publishing Company website contains additional values which will are used for real-time acknowledgments. Batch acknowledgments are limited to category type 'A', therefore only Category 'A; will be reported in the RI 277CA transaction.

Acknowledgements	
A0	**Acknowledgement/Forwarded-The claim/encounter has been forwarded to another entity.** *Start: 01/01/1995*
A1	**Acknowledgement/Receipt-The claim/encounter has been received. This does not mean that the claim has been accepted for adjudication.** *Start: 01/01/1995*
A2	**Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted into the adjudication system.** *Start: 01/01/1995*
A3	**Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.** *Start: 01/01/1995*
A4	**Acknowledgement/Not Found-The claim/encounter cannot be found in the adjudication system.** *Start: 01/01/1995*
A5	**Acknowledgement/Split Claim-The claim/encounter has been split upon acceptance into the adjudication system.** *Start: 02/28/2002*
A6	**Acknowledgement/Rejected for Missing Information - The claim/encounter is missing the information specified in the Status details and has been rejected.** *Start: 10/31/2002*

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A7	**Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.***** *Start: 10/31/2002*
A8	**Acknowledgement / Rejected for relational field in error.** *Start: 10/31/2004*

*****This code will be used only in the case where the claim header is in a status "3D" – header accepted; all details denied.** The following status and entity codes will always be paired with this category code:

Status code - 23 - Returned to Entity. Note: This code requires use of an Entity Code

Entity code - 41 – Submitter

Health Care Claim Status Codes – used in association with the 277CA STC Status Information Segments - this data is used to convey the status of the entire claim or specific service line. Valid as of 11/2012, for the most update Status codes please go to the WPC web site

Code	Description
0	**Cannot provide further status electronically.** *Start: 01/01/1995*
1	**For more detailed information, see remittance advice.** *Start: 01/01/1995*
2	**More detailed information in letter.** *Start: 01/01/1995*
3	**Claim has been adjudicated and is awaiting payment cycle.** *Start: 01/01/1995*
6	**Balance due from the subscriber.** *Start: 01/01/1995*
12	**One or more originally submitted procedure codes have been combined.** *Start: 01/01/1995 | Last Modified: 06/30/2001*
15	**One or more originally submitted procedure code have been modified.** *Start: 01/01/1995 | Last Modified: 06/30/2001*
16	**Claim/encounter has been forwarded to entity. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
17	**Claim/encounter has been forwarded by third party entity to entity. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
18	**Entity received claim/encounter, but returned invalid status. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
19	**Entity acknowledges receipt of claim/encounter. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*

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20	**Accepted for processing.** *Start: 01/01/1995 | Last Modified: 06/30/2001*
21	**Missing or invalid information. Note: At least one other status code is required to identify the missing or invalid information.** *Start: 01/01/1995 | Last Modified: 07/09/2007*
23	**Returned to Entity. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
24	**Entity not approved as an electronic submitter. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
25	**Entity not approved. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
26	**Entity not found. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
27	**Policy canceled.** *Start: 01/01/1995 | Last Modified: 06/30/2001*
29	**Subscriber and policy number/contract number mismatched.** *Start: 01/01/1995*
30	**Subscriber and subscriber id mismatched.** *Start: 01/01/1995*
31	**Subscriber and policyholder name mismatched.** *Start: 01/01/1995*
32	**Subscriber and policy number/contract number not found.** *Start: 01/01/1995*
33	**Subscriber and subscriber id not found.** *Start: 01/01/1995*
34	**Subscriber and policyholder name not found.** *Start: 01/01/1995*

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35	**Claim/encounter not found.** *Start: 01/01/1995*
37	**Predetermination is on file, awaiting completion of services.** *Start: 01/01/1995*
38	**Awaiting next periodic adjudication cycle.** *Start: 01/01/1995*
39	**Charges for pregnancy deferred until delivery.** *Start: 01/01/1995*
40	**Waiting for final approval.** *Start: 01/01/1995*
41	**Special handling required at payer site.** *Start: 01/01/1995*
42	**Awaiting related charges.** *Start: 01/01/1995*
44	**Charges pending provider audit.** *Start: 01/01/1995*
45	**Awaiting benefit determination.** *Start: 01/01/1995*
46	**Internal review/audit.** *Start: 01/01/1995*
47	**Internal review/audit - partial payment made.** *Start: 01/01/1995*
49	**Pending provider accreditation review.** *Start: 01/01/1995*
50	**Claim waiting for internal provider verification.** *Start: 01/01/1995*
51	**Investigating occupational illness/accident.** *Start: 01/01/1995*

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52	**Investigating existence of other insurance coverage.** *Start: 01/01/1995*
53	**Claim being researched for Insured ID/Group Policy Number error.** *Start: 01/01/1995*
54	**Duplicate of a previously processed claim/line.** *Start: 01/01/1995*
55	**Claim assigned to an approver/analyst.** *Start: 01/01/1995*
56	**Awaiting eligibility determination.** *Start: 01/01/1995*
57	**Pending COBRA information requested.** *Start: 01/01/1995*
59	**Information was requested by a non-electronic method. Note: At least one other status code is required to identify the requested information.** *Start: 01/01/1995 | Last Modified: 10/17/2010*
60	**Information was requested by an electronic method. Note: At least one other status code is required to identify the requested information.** *Start: 01/01/1995 | Last Modified: 10/17/2010*
61	**Eligibility for extended benefits.** *Start: 01/01/1995*
64	**Re-pricing information.** *Start: 01/01/1995*
65	**Claim/line has been paid.** *Start: 01/01/1995*
66	**Payment reflects usual and customary charges.** *Start: 01/01/1995*
72	**Claim contains split payment.** *Start: 01/01/1995*

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73	**Payment made to entity, assignment of benefits not on file. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
78	**Duplicate of an existing claim/line, waiting processing.** *Start: 01/01/1995*
81	**Contract/plan does not cover pre-existing conditions.** *Start: 01/01/1995*
83	**No coverage for newborns.** *Start: 01/01/1995*
84	**Service not authorized.** *Start: 01/01/1995*
85	**Entity not primary. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
86	**Diagnosis and patient gender mismatch.** *Start: 01/01/1995 | Last Modified: 02/28/2000*
88	**Entity not eligible for benefits for submitted dates of service. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
89	**Entity not eligible for dental benefits for submitted dates of service. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
90	**Entity not eligible for medical benefits for submitted dates of service. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
91	**Entity not eligible/not approved for dates of service. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
92	**Entity does not meet dependent or student qualification. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
93	**Entity is not selected primary care provider. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*

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94	**Entity not referred by selected primary care provider. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
95	**Requested additional information not received.** *Start: 01/01/1995 | Last Modified: 07/09/2007* *Notes: If known, the payer must report a second claim status code identifying the requested information.*
96	**No agreement with entity. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
97	**Patient eligibility not found with entity. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
98	**Charges applied to deductible.** *Start: 01/01/1995*
99	**Pre-treatment review.** *Start: 01/01/1995*
100	**Pre-certification penalty taken.** *Start: 01/01/1995*
101	**Claim was processed as adjustment to previous claim.** *Start: 01/01/1995*
102	**Newborn's charges processed on mother's claim.** *Start: 01/01/1995*
103	**Claim combined with other claim(s).** *Start: 01/01/1995*
104	**Processed according to plan provisions (Plan refers to provisions that exist between the Health Plan and the Consumer or Patient)** *Start: 01/01/1995 | Last Modified: 06/01/2008*
105	**Claim/line is capitated.** *Start: 01/01/1995*
106	**This amount is not entity's responsibility. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*

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107	**Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services)** *Start: 01/01/1995 | Last Modified: 06/01/2008*
109	**Entity not eligible. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
110	**Claim requires pricing information.** *Start: 01/01/1995*
111	**At the policyholder's request these claims cannot be submitted electronically.** *Start: 01/01/1995*
114	**Claim/service should be processed by entity. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
116	**Claim submitted to incorrect payer.** *Start: 01/01/1995*
117	**Claim requires signature-on-file indicator.** *Start: 01/01/1995*
121	**Service line number greater than maximum allowable for payer.** *Start: 01/01/1995*
123	**Additional information requested from entity. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
124	**Entity's name, address, phone and id number. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
125	**Entity's name. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
126	**Entity's address. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
127	**Entity's Communication Number. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 06/06/2010*

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128	**Entity's tax id. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
129	**Entity's Blue Cross provider id. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
130	**Entity's Blue Shield provider id. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
131	**Entity's Medicare provider id. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
132	**Entity's Medicaid provider id. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
133	**Entity's UPIN. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
134	**Entity's CHAMPUS provider id. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
135	**Entity's commercial provider id. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
136	**Entity's health industry id number. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
137	**Entity's plan network id. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
138	**Entity's site id . Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
139	**Entity's health maintenance provider id (HMO). Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
140	**Entity's preferred provider organization id (PPO). Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
141	**Entity's administrative services organization id (ASO). Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*

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142	**Entity's license/certification number. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
143	**Entity's state license number. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
144	**Entity's specialty license number. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
145	**Entity's specialty/taxonomy code. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
146	**Entity's anesthesia license number. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
147	**Entity's qualification degree/designation (e.g. RN,PhD,MD). Note: This code requires use of an Entity Code.** *Start: 02/28/1997 | Last Modified: 02/11/2010*
148	**Entity's social security number. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
149	**Entity's employer id. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
150	**Entity's drug enforcement agency (DEA) number. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
152	**Pharmacy processor number.** *Start: 01/01/1995*
153	**Entity's id number. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
154	**Relationship of surgeon & assistant surgeon.** *Start: 01/01/1995*
155	**Entity's relationship to patient. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
156	**Patient relationship to subscriber** *Start: 01/01/1995*

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157 Entity's Gender. Note: This code requires use of an Entity Code.
Start: 01/01/1995 | Last Modified: 02/11/2010

158 Entity's date of birth. Note: This code requires use of an Entity Code.
Start: 01/01/1995 | Last Modified: 02/11/2010

159 Entity's date of death. Note: This code requires use of an Entity Code.
Start: 01/01/1995 | Last Modified: 02/11/2010

160 Entity's marital status. Note: This code requires use of an Entity Code.
Start: 01/01/1995 | Last Modified: 02/11/2010

161 Entity's employment status. Note: This code requires use of an Entity Code.
Start: 01/01/1995 | Last Modified: 02/11/2010

162 Entity's health insurance claim number (HICN). Note: This code requires use of an Entity Code.
Start: 01/01/1995 | Last Modified: 02/11/2010

163 Entity's policy number. Note: This code requires use of an Entity Code.
Start: 01/01/1995 | Last Modified: 02/11/2010

164 Entity's contract/member number. Note: This code requires use of an Entity Code.
Start: 01/01/1995 | Last Modified: 02/11/2010

165 Entity's employer name, address and phone. Note: This code requires use of an Entity Code.
Start: 01/01/1995 | Last Modified: 02/11/2010

166 Entity's employer name. Note: This code requires use of an Entity Code.
Start: 01/01/1995 | Last Modified: 02/11/2010

167 Entity's employer address. Note: This code requires use of an Entity Code.
Start: 01/01/1995 | Last Modified: 02/11/2010

168 Entity's employer phone number. Note: This code requires use of an Entity Code.
Start: 01/01/1995 | Last Modified: 02/11/2010

170 Entity's employee id. Note: This code requires use of an Entity Code.
Start: 01/01/1995 | Last Modified: 02/11/2010

171 Other insurance coverage information (health, liability, auto, etc.).
Start: 01/01/1995

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172	**Other employer name, address and telephone number.** *Start: 01/01/1995*
173	**Entity's name, address, phone, gender, DOB, marital status, employment status and relation to subscriber. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
174	**Entity's student status. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
175	**Entity's school name. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
176	**Entity's school address. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
177	**Transplant recipient's name, date of birth, gender, relationship to insured.** *Start: 01/01/1995 | Last Modified: 02/28/2000*
178	**Submitted charges.** *Start: 01/01/1995*
179	**Outside lab charges.** *Start: 01/01/1995*
180	**Hospital s semi-private room rate.** *Start: 01/01/1995*
181	**Hospital s room rate.** *Start: 01/01/1995*
182	**Allowable/paid from other entities coverage NOTE: This code requires the use of an entity code.** *Start: 01/01/1995 | Last Modified: 01/24/2010*
183	**Amount entity has paid. Note: This code requires use of an Entity Code.** *Start: 01/01/1995 | Last Modified: 02/11/2010*
184	**Purchase price for the rented durable medical equipment.** *Start: 01/01/1995*

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185	**Rental price for durable medical equipment.** *Start: 01/01/1995*
186	**Purchase and rental price of durable medical equipment.** *Start: 01/01/1995*
187	**Date(s) of service.** *Start: 01/01/1995*
188	**Statement from-through dates.** *Start: 01/01/1995*
189	**Facility admission date** *Start: 01/01/1995 | Last Modified: 10/31/2006*
190	**Facility discharge date** *Start: 01/01/1995 | Last Modified: 10/31/2006*
191	**Date of Last Menstrual Period (LMP)** *Start: 02/28/1997*
192	**Date of first service for current series/symptom/illness.** *Start: 01/01/1995*
193	**First consultation/evaluation date.** *Start: 02/28/1997*
194	**Confinement dates.** *Start: 01/01/1995*
195	**Unable to work dates/Disability Dates.** *Start: 01/01/1995 | Last Modified: 09/20/2009*
196	**Return to work dates.** *Start: 01/01/1995*
197	**Effective coverage date(s).** *Start: 01/01/1995*
198	**Medicare effective date.** *Start: 01/01/1995*

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199 **Date of conception and expected date of delivery.**
Start: 01/01/1995

200 **Date of equipment return.**
Start: 01/01/1995

201 **Date of dental appliance prior placement.**
Start: 01/01/1995

202 **Date of dental prior replacement/reason for replacement.**
Start: 01/01/1995

203 **Date of dental appliance placed.**
Start: 01/01/1995

204 **Date dental canal(s) opened and date service completed.**
Start: 01/01/1995

205 **Date(s) dental root canal therapy previously performed.**
Start: 01/01/1995

206 **Most recent date of curettage, root planing, or periodontal surgery.**
Start: 01/01/1995

207 **Dental impression and seating date.**
Start: 01/01/1995

208 **Most recent date pacemaker was implanted.**
Start: 01/01/1995

209 **Most recent pacemaker battery change date.**
Start: 01/01/1995

210 **Date of the last x-ray.**
Start: 01/01/1995

211 **Date(s) of dialysis training provided to patient.**
Start: 01/01/1995

212 **Date of last routine dialysis.**
Start: 01/01/1995

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213	**Date of first routine dialysis.** *Start: 01/01/1995*
214	**Original date of prescription/orders/referral.** *Start: 02/28/1997*
215	**Date of tooth extraction/evolution.** *Start: 01/01/1995*
216	**Drug information.** *Start: 01/01/1995*
217	**Drug name, strength and dosage form.** *Start: 01/01/1995*
218	**NDC number.** *Start: 01/01/1995*
219	**Prescription number.** *Start: 01/01/1995*
222	**Drug dispensing units and average wholesale price (AWP).** *Start: 01/01/1995*
223	**Route of drug/myelogram administration.** *Start: 01/01/1995*
224	**Anatomical location for joint injection.** *Start: 01/01/1995*
225	**Anatomical location.** *Start: 01/01/1995*
226	**Joint injection site.** *Start: 01/01/1995*
227	**Hospital information.** *Start: 01/01/1995*
228	**Type of bill for UB claim** *Start: 01/01/1995 | Last Modified: 10/31/2006*

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229	**Hospital admission source.** *Start: 01/01/1995*
230	**Hospital admission hour.** *Start: 01/01/1995*
231	**Hospital admission type.** *Start: 01/01/1995*
232	**Admitting diagnosis.** *Start: 01/01/1995*
233	**Hospital discharge hour.** *Start: 01/01/1995*
234	**Patient discharge status.** *Start: 01/01/1995*
235	**Units of blood furnished.** *Start: 01/01/1995*
236	**Units of blood replaced.** *Start: 01/01/1995*
237	**Units of deductible blood.** *Start: 01/01/1995*
238	**Separate claim for mother/baby charges.** *Start: 01/01/1995*
239	**Dental information.** *Start: 01/01/1995*
240	**Tooth surface(s) involved.** *Start: 01/01/1995*
241	**List of all missing teeth (upper and lower).** *Start: 01/01/1995*
242	**Tooth numbers, surfaces, and/or quadrants involved.** *Start: 01/01/1995*

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243 **Months of dental treatment remaining.**

Start: 01/01/1995

244 **Tooth number or letter.**

Start: 01/01/1995

245 **Dental quadrant/arch.**

Start: 01/01/1995

246 **Total orthodontic service fee, initial appliance fee, monthly fee, length of service.**

Start: 01/01/1995

247 **Line information.**

Start: 01/01/1995

249 **Place of service.**

Start: 01/01/1995

250 **Type of service.**

Start: 01/01/1995

251 **Total anesthesia minutes.**

Start: 01/01/1995

252 **Entity's authorization/certification number. Note: This code requires the use of an Entity Code.**

Start: 01/01/1995 | Last Modified: 01/30/2011

254 **Principal diagnosis code.**

Start: 01/01/1995 | Last Modified: 01/30/2011

255 **Diagnosis code.**

Start: 01/01/1995

256 **DRG code(s).**

Start: 01/01/1995

257 **ADSM-III-R code for services rendered.**

Start: 01/01/1995

258 **Days/units for procedure/revenue code.**

Start: 01/01/1995

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259	**Frequency of service.** *Start: 01/01/1995*
260	**Length of medical necessity, including begin date.** *Start: 02/28/1997*
261	**Obesity measurements.** *Start: 01/01/1995*
262	**Type of surgery/service for which anesthesia was administered.** *Start: 01/01/1995*
263	**Length of time for services rendered.** *Start: 01/01/1995*
264	**Number of liters/minute & total hours/day for respiratory support.** *Start: 01/01/1995*
265	**Number of lesions excised.** *Start: 01/01/1995*
266	**Facility point of origin and destination - ambulance.** *Start: 01/01/1995*
267	**Number of miles patient was transported.** *Start: 01/01/1995*
268	**Location of durable medical equipment use.** *Start: 01/01/1995*
269	**Length/size of laceration/tumor.** *Start: 01/01/1995*
270	**Subluxation location.** *Start: 01/01/1995*
271	**Number of spine segments.** *Start: 01/01/1995*
272	**Oxygen contents for oxygen system rental.** *Start: 01/01/1995*

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273	**Weight.** *Start: 01/01/1995*
274	**Height.** *Start: 01/01/1995*
275	**Claim.** *Start: 01/01/1995*
276	**UB04/HCFA-1450/1500 claim form** *Start: 01/01/1995 | Last Modified: 10/31/2006*
277	**Paper claim.** *Start: 01/01/1995*
279	**Claim/service must be itemized** *Start: 01/01/1995 | Last Modified: 10/17/2010*
281	**Related confinement claim.** *Start: 01/01/1995*
282	**Copy of prescription.** *Start: 01/01/1995*
283	**Medicare entitlement information is required to determine primary coverage** *Start: 01/01/1995 | Last Modified: 01/27/2008*
284	**Copy of Medicare ID card.** *Start: 01/01/1995*
286	**Other payer's Explanation of Benefits/payment information.** *Start: 01/01/1995*
287	**Medical necessity for service.** *Start: 01/01/1995*
288	**Hospital late charges** *Start: 01/01/1995 | Last Modified: 10/17/2010*
290	**Pre-existing information.** *Start: 01/01/1995*

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291	**Reason for termination of pregnancy.** *Start: 01/01/1995*
292	**Purpose of family conference/therapy.** *Start: 01/01/1995*
293	**Reason for physical therapy.** *Start: 01/01/1995*
294	**Supporting documentation. Note: At least one other status code is required to identify the supporting documentation.** *Start: 01/01/1995 | Last Modified: 10/17/2010*
295	**Attending physician report.** *Start: 01/01/1995*
296	**Nurse's notes.** *Start: 01/01/1995*
297	**Medical notes/report.** *Start: 02/28/1997*
298	**Operative report.** *Start: 01/01/1995*
299	**Emergency room notes/report.** *Start: 01/01/1995*
300	**Lab/test report/notes/results.** *Start: 02/28/1997*
301	**MRI report.** *Start: 01/01/1995*
305	**Radiology/x-ray reports and/or interpretation** *Start: 01/01/1995 | Last Modified: 01/30/2011*
306	**Detailed description of service.** *Start: 01/01/1995*

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307 Narrative with pocket depth chart.

Start: 01/01/1995

308 Discharge summary.

Start: 01/01/1995

310 Progress notes for the six months prior to statement date.

Start: 01/01/1995

311 Pathology notes/report.

Start: 01/01/1995

312 Dental charting.

Start: 01/01/1995

313 Bridgework information.

Start: 01/01/1995

314 Dental records for this service.

Start: 01/01/1995

315 Past perio treatment history.

Start: 01/01/1995

316 Complete medical history.

Start: 01/01/1995

318 X-rays/radiology films

Start: 01/01/1995 | Last Modified: 10/17/2010

319 Pre/post-operative x-rays/photographs.

Start: 02/28/1997

320 Study models.

Start: 01/01/1995

322 Recent Full Mouth X-rays

Start: 01/01/1995 | Last Modified: 10/17/2010

323 Study models, x-rays, and/or narrative.

Start: 01/01/1995

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324	**Recent x-ray of treatment area and/or narrative.** *Start: 01/01/1995*
325	**Recent fm x-rays and/or narrative.** *Start: 01/01/1995*
326	**Copy of transplant acquisition invoice.** *Start: 01/01/1995*
327	**Periodontal case type diagnosis and recent pocket depth chart with narrative.** *Start: 01/01/1995*
329	**Exercise notes.** *Start: 01/01/1995*
330	**Occupational notes.** *Start: 01/01/1995*
331	**History and physical.** *Start: 01/01/1995 | Last Modified: 08/01/2007*
333	**Patient release of information authorization.** *Start: 01/01/1995*
334	**Oxygen certification.** *Start: 01/01/1995*
335	**Durable medical equipment certification.** *Start: 01/01/1995*
336	**Chiropractic certification.** *Start: 01/01/1995*
337	**Ambulance certification/documentation.** *Start: 01/01/1995*
339	**Enteral/parenteral certification.** *Start: 01/01/1995*
340	**Pacemaker certification.** *Start: 01/01/1995*

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341 Private duty nursing certification.

Start: 01/01/1995

342 Podiatric certification.

Start: 01/01/1995

343 Documentation that facility is state licensed and Medicare approved as a surgical facility.

Start: 01/01/1995

344 Documentation that provider of physical therapy is Medicare Part B approved.

Start: 01/01/1995

345 Treatment plan for service/diagnosis

Start: 01/01/1995

346 Proposed treatment plan for next 6 months.

Start: 01/01/1995

352 Duration of treatment plan.

Start: 01/01/1995

353 Orthodontics treatment plan.

Start: 01/01/1995

354 Treatment plan for replacement of remaining missing teeth.

Start: 01/01/1995

360 Benefits Assignment Certification Indicator

Start: 01/01/1995 | Last Modified: 10/17/2010

363 Possible Workers' Compensation

Start: 01/01/1995 | Last Modified: 10/17/2010

364 Is accident/illness/condition employment related?

Start: 01/01/1995

365 Is service the result of an accident?

Start: 01/01/1995

366 Is injury due to auto accident?

Start: 01/01/1995

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374	**Is prescribed lenses a result of cataract surgery?** *Start: 01/01/1995*
375	**Was refraction performed?** *Start: 01/01/1995*
380	**CRNA supervision/medical direction.** *Start: 01/01/1995 | Last Modified: 10/17/2010*
382	**Did provider authorize generic or brand name dispensing?** *Start: 01/01/1995*
383	**Nerve block use (surgery vs. pain management)** *Start: 01/01/1995 | Last Modified: 10/17/2010*
384	**Is prosthesis/crown/inlay placement an initial placement or a replacement?** *Start: 01/01/1995*
385	**Is appliance upper or lower arch & is appliance fixed or removable?** *Start: 01/01/1995*
386	**Orthodontic Treatment/Purpose Indicator** *Start: 01/01/1995 | Last Modified: 10/17/2010*
387	**Date patient last examined by entity. Note: This code requires use of an Entity Code.** *Start: 02/28/1997 | Last Modified: 02/11/2010*
388	**Date post-operative care assumed** *Start: 02/28/1997*
389	**Date post-operative care relinquished** *Start: 02/28/1997*
390	**Date of most recent medical event necessitating service(s)** *Start: 02/28/1997*
391	**Date(s) dialysis conducted** *Start: 02/28/1997*
394	**Date(s) of most recent hospitalization related to service** *Start: 02/28/1997*

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395	**Date entity signed certification/recertification Note: This code requires use of an Entity Code.** *Start: 02/28/1997 | Last Modified: 02/11/2010*
396	**Date home dialysis began** *Start: 02/28/1997*
397	**Date of onset/exacerbation of illness/condition** *Start: 02/28/1997*
398	**Visual field test results** *Start: 02/28/1997*
400	**Claim is out of balance** *Start: 02/28/1997*
401	**Source of payment is not valid** *Start: 02/28/1997*
402	**Amount must be greater than zero. Note: At least one other status code is required to identify which amount element is in error.** *Start: 02/28/1997 | Last Modified: 09/20/2009*
403	**Entity referral notes/orders/prescription** *Start: 02/28/1997*
406	**Brief medical history as related to service(s)** *Start: 02/28/1997*
407	**Complications/mitigating circumstances** *Start: 02/28/1997*
408	**Initial certification** *Start: 02/28/1997*
409	**Medication logs/records (including medication therapy)** *Start: 02/28/1997*
414	**Necessity for concurrent care (more than one physician treating the patient)** *Start: 02/28/1997 | Last Modified: 10/17/2010*

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417	**Prior testing, including result(s) and date(s) as related to service(s)** *Start: 02/28/1997*
419	**Individual test(s) comprising the panel and the charges for each test** *Start: 02/28/1997*
420	**Name, dosage and medical justification of contrast material used for radiology procedure** *Start: 02/28/1997*
428	**Reason for transport by ambulance** *Start: 02/28/1997*
430	**Nearest appropriate facility** *Start: 02/28/1997*
431	**Patient's condition/functional status at time of service.** *Start: 02/28/1997 | Last Modified: 10/17/2010*
432	**Date benefits exhausted** *Start: 02/28/1997*
433	**Copy of patient revocation of hospice benefits** *Start: 02/28/1997*
434	**Reasons for more than one transfer per entitlement period** *Start: 02/28/1997*
435	**Notice of Admission** *Start: 02/28/1997*
441	**Entity professional qualification for service(s)** *Start: 02/28/1997*
442	**Modalities of service** *Start: 02/28/1997*
443	**Initial evaluation report** *Start: 02/28/1997*
449	**Projected date to discontinue service(s)** *Start: 02/28/1997*

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450	**Awaiting spend down determination** *Start: 02/28/1997*
451	**Preoperative and post-operative diagnosis** *Start: 02/28/1997*
452	**Total visits in total number of hours/day and total number of hours/week** *Start: 02/28/1997*
453	**Procedure Code Modifier(s) for Service(s) Rendered** *Start: 02/28/1997*
454	**Procedure code for services rendered.** *Start: 02/28/1997*
455	**Revenue code for services rendered.** *Start: 02/28/1997*
456	**Covered Day(s)** *Start: 02/28/1997*
457	**Non-Covered Day(s)** *Start: 02/28/1997*
458	**Coinsurance Day(s)** *Start: 02/28/1997*
459	**Lifetime Reserve Day(s)** *Start: 02/28/1997*
460	**NUBC Condition Code(s)** *Start: 02/28/1997*
464	**Payer Assigned Claim Control Number** *Start: 02/28/1997 | Last Modified: 10/31/2004*
465	**Principal Procedure Code for Service(s) Rendered** *Start: 02/28/1997*
466	**Entity's Original Signature. Note: This code requires use of an Entity Code.** *Start: 02/28/1997 | Last Modified: 01/30/2011*

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467	**Entity Signature Date. Note: This code requires use of an Entity Code.** *Start: 02/28/1997 | Last Modified: 02/11/2010*
468	**Patient Signature Source** *Start: 02/28/1997*
469	**Purchase Service Charge** *Start: 02/28/1997*
470	**Was service purchased from another entity? Note: This code requires use of an Entity Code.** *Start: 02/28/1997 | Last Modified: 02/11/2010*
471	**Were services related to an emergency?** *Start: 02/28/1997*
472	**Ambulance Run Sheet** *Start: 02/28/1997*
473	**Missing or invalid lab indicator** *Start: 06/30/1998*
474	**Procedure code and patient gender mismatch** *Start: 06/30/1998 | Last Modified: 02/29/2000*
475	**Procedure code not valid for patient age** *Start: 06/30/1998 | Last Modified: 02/29/2000*
476	**Missing or invalid units of service** *Start: 06/30/1998*
477	**Diagnosis code pointer is missing or invalid** *Start: 06/30/1998*
478	**Claim submitter's identifier** *Start: 06/30/1998 | Last Modified: 01/24/2010*
479	**Other Carrier payer ID is missing or invalid** *Start: 06/30/1998*
480	**Entity's claim filing indicator. Note: This code requires use of an Entity Code.** *Start: 06/30/1998 | Last Modified: 06/06/2010*

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481	**Claim/submission format is invalid.** *Start: 10/31/1998*
483	**Maximum coverage amount met or exceeded for benefit period.** *Start: 06/30/1999*
484	**Business Application Currently Not Available** *Start: 02/29/2000*
485	**More information available than can be returned in real time mode. Narrow your current search criteria.** *Start: 02/28/2001*
486	**Principal Procedure Date** *Start: 10/31/2001 | Last Modified: 07/01/2009*
487	**Claim not found, claim should have been submitted to/through 'entity'. Note: This code requires use of an Entity Code.** *Start: 02/28/2002 | Last Modified: 02/11/2010*
488	**Diagnosis code(s) for the services rendered.** *Start: 06/30/2002*
489	**Attachment Control Number** *Start: 10/31/2002*
490	**Other Procedure Code for Service(s) Rendered** *Start: 02/28/2003*
491	**Entity not eligible for encounter submission. Note: This code requires use of an Entity Code.** *Start: 02/28/2003 | Last Modified: 02/11/2010*
492	**Other Procedure Date** *Start: 02/28/2003*
493	**Version/Release/Industry ID code not currently supported by information holder** *Start: 02/28/2003*
494	**Real-Time requests not supported by the information holder, resubmit as batch request** *Start: 02/28/2003*

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495	**Requests for re-adjudication must reference the newly assigned payer claim control number for this previously adjusted claim. Correct the payer claim control number and re-submit.** *Start: 10/31/2003*
496	**Submitter not approved for electronic claim submissions on behalf of this entity. Note: This code requires use of an Entity Code.** *Start: 02/29/2004 | Last Modified: 02/11/2010*
497	**Sales tax not paid** *Start: 06/30/2004*
498	**Maximum leave days exhausted** *Start: 06/30/2004*
499	**No rate on file with the payer for this service for this entity Note: This code requires use of an Entity Code.** *Start: 06/30/2004 | Last Modified: 02/11/2010*
500	**Entity's Postal/Zip Code. Note: This code requires use of an Entity Code.** *Start: 06/30/2004 | Last Modified: 02/11/2010*
501	**Entity's State/Province. Note: This code requires use of an Entity Code.** *Start: 06/30/2004 | Last Modified: 02/11/2010*
502	**Entity's City. Note: This code requires use of an Entity Code.** *Start: 06/30/2004 | Last Modified: 02/11/2010*
503	**Entity's Street Address. Note: This code requires use of an Entity Code.** *Start: 06/30/2004 | Last Modified: 02/11/2010*
504	**Entity's Last Name. Note: This code requires use of an Entity Code.** *Start: 06/30/2004 | Last Modified: 02/11/2010*
505	**Entity's First Name. Note: This code requires use of an Entity Code.** *Start: 06/30/2004 | Last Modified: 02/11/2010*
506	**Entity is changing processor/clearinghouse. This claim must be submitted to the new processor/clearinghouse. Note: This code requires use of an Entity Code.** *Start: 06/30/2004 | Last Modified: 02/11/2010*
507	**HCPCS** *Start: 10/31/2004*

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508	**ICD9 NOTE: At least one other status code is required to identify the related procedure code or diagnosis code.** *Start: 10/31/2004 | Last Modified: 07/01/2009*
509	**External Cause of Injury Code (E-code).** *Start: 10/31/2004 | Last Modified: 01/30/2011*
510	**Future date. Note: At least one other status code is required to identify the data element in error.** *Start: 10/31/2004 | Last Modified: 09/20/2009*
511	**Invalid character. Note: At least one other status code is required to identify the data element in error.** *Start: 10/31/2004 | Last Modified: 09/20/2009*
512	**Length invalid for receiver's application system. Note: At least one other status code is required to identify the data element in error.** *Start: 10/31/2004 | Last Modified: 09/20/2009*
513	**HIPPS Rate Code for services Rendered** *Start: 10/31/2004*
514	**Entity's Middle Name Note: This code requires use of an Entity Code.** *Start: 10/31/2004 | Last Modified: 01/30/2011*
515	**Managed Care review** *Start: 10/31/2004*
516	**Other Entity's Adjudication or Payment/Remittance Date. Note: An Entity code is required to identify the Other Payer Entity, i.e. primary, secondary.** *Start: 10/31/2004 | Last Modified: 11/29/2009*
517	**Adjusted Repriced Claim Reference Number** *Start: 10/31/2004*
518	**Adjusted Repriced Line item Reference Number** *Start: 10/31/2004*
519	**Adjustment Amount** *Start: 10/31/2004*
520	**Adjustment Quantity** *Start: 10/31/2004*

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521	**Adjustment Reason Code** *Start: 10/31/2004*
522	**Anesthesia Modifying Units** *Start: 10/31/2004*
523	**Anesthesia Unit Count** *Start: 10/31/2004*
524	**Arterial Blood Gas Quantity** *Start: 10/31/2004*
525	**Begin Therapy Date** *Start: 10/31/2004*
526	**Bundled or Unbundled Line Number** *Start: 10/31/2004*
527	**Certification Condition Indicator** *Start: 10/31/2004*
528	**Certification Period Projected Visit Count** *Start: 10/31/2004*
529	**Certification Revision Date** *Start: 10/31/2004*
530	**Claim Adjustment Indicator** *Start: 10/31/2004*
531	**Claim Disproportionate Share Amount** *Start: 10/31/2004*
532	**Claim DRG Amount** *Start: 10/31/2004*
533	**Claim DRG Outlier Amount** *Start: 10/31/2004*
534	**Claim ESRD Payment Amount** *Start: 10/31/2004*

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535	**Claim Frequency Code** *Start: 10/31/2004*
536	**Claim Indirect Teaching Amount** *Start: 10/31/2004*
537	**Claim MSP Pass-through Amount** *Start: 10/31/2004*
538	**Claim or Encounter Identifier** *Start: 10/31/2004*
539	**Claim PPS Capital Amount** *Start: 10/31/2004*
540	**Claim PPS Capital Outlier Amount** *Start: 10/31/2004*
541	**Claim Submission Reason Code** *Start: 10/31/2004*
542	**Claim Total Denied Charge Amount** *Start: 10/31/2004*
543	**Clearinghouse or Value Added Network Trace** *Start: 10/31/2004*
544	**Clinical Laboratory Improvement Amendment** *Start: 10/31/2004*
545	**Contract Amount** *Start: 10/31/2004*
546	**Contract Code** *Start: 10/31/2004*
547	**Contract Percentage** *Start: 10/31/2004*
548	**Contract Type Code** *Start: 10/31/2004*

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549	**Contract Version Identifier** *Start: 10/31/2004*
550	**Coordination of Benefits Code** *Start: 10/31/2004*
551	**Coordination of Benefits Total Submitted Charge** *Start: 10/31/2004*
552	**Cost Report Day Count** *Start: 10/31/2004*
553	**Covered Amount** *Start: 10/31/2004*
554	**Date Claim Paid** *Start: 10/31/2004*
555	**Delay Reason Code** *Start: 10/31/2004*
556	**Demonstration Project Identifier** *Start: 10/31/2004*
557	**Diagnosis Date** *Start: 10/31/2004*
558	**Discount Amount** *Start: 10/31/2004*
559	**Document Control Identifier** *Start: 10/31/2004*
560	**Entity's Additional/Secondary Identifier. Note: This code requires use of an Entity Code.** *Start: 10/31/2004 | Last Modified: 02/11/2010*
561	**Entity's Contact Name. Note: This code requires use of an Entity Code.** *Start: 10/31/2004 | Last Modified: 02/11/2010*
562	**Entity's National Provider Identifier (NPI). Note: This code requires use of an Entity Code.** *Start: 10/31/2004 | Last Modified: 02/11/2010*

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563	**Entity's Tax Amount. Note: This code requires use of an Entity Code.** *Start: 10/31/2004 | Last Modified: 02/11/2010*
564	**EPSDT Indicator** *Start: 10/31/2004*
565	**Estimated Claim Due Amount** *Start: 10/31/2004*
566	**Exception Code** *Start: 10/31/2004*
567	**Facility Code Qualifier** *Start: 10/31/2004*
568	**Family Planning Indicator** *Start: 10/31/2004*
569	**Fixed Format Information** *Start: 10/31/2004*
570	**Free Form Message Text** *Start: 10/31/2004 | Stop: 01/01/2013*
571	**Frequency Count** *Start: 10/31/2004*
572	**Frequency Period** *Start: 10/31/2004*
573	**Functional Limitation Code** *Start: 10/31/2004*
574	**HCPCS Payable Amount Home Health** *Start: 10/31/2004*
575	**Homebound Indicator** *Start: 10/31/2004*
576	**Immunization Batch Number** *Start: 10/31/2004*

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577	**Industry Code** *Start: 10/31/2004*
578	**Insurance Type Code** *Start: 10/31/2004*
579	**Investigational Device Exemption Identifier** *Start: 10/31/2004*
580	**Last Certification Date** *Start: 10/31/2004*
581	**Last Worked Date** *Start: 10/31/2004*
582	**Lifetime Psychiatric Days Count** *Start: 10/31/2004*
583	**Line Item Charge Amount** *Start: 10/31/2004*
584	**Line Item Control Number** *Start: 10/31/2004*
585	**Denied Charge or Non-covered Charge** *Start: 10/31/2004 | Last Modified: 07/09/2007*
586	**Line Note Text** *Start: 10/31/2004*
587	**Measurement Reference Identification Code** *Start: 10/31/2004*
588	**Medical Record Number** *Start: 10/31/2004*
589	**Provider Accept Assignment Code** *Start: 10/31/2004 | Last Modified: 10/17/2010*
590	**Medicare Coverage Indicator** *Start: 10/31/2004*

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591	**Medicare Paid at 100% Amount** *Start: 10/31/2004*
592	**Medicare Paid at 80% Amount** *Start: 10/31/2004*
593	**Medicare Section 4081 Indicator** *Start: 10/31/2004*
594	**Mental Status Code** *Start: 10/31/2004*
595	**Monthly Treatment Count** *Start: 10/31/2004*
596	**Non-covered Charge Amount** *Start: 10/31/2004*
597	**Non-payable Professional Component Amount** *Start: 10/31/2004*
598	**Non-payable Professional Component Billed Amount** *Start: 10/31/2004*
599	**Note Reference Code** *Start: 10/31/2004*
600	**Oxygen Saturation Qty** *Start: 10/31/2004*
601	**Oxygen Test Condition Code** *Start: 10/31/2004*
602	**Oxygen Test Date** *Start: 10/31/2004*
603	**Old Capital Amount** *Start: 10/31/2004*
604	**Originator Application Transaction Identifier** *Start: 10/31/2004*

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605	**Orthodontic Treatment Months Count** *Start: 10/31/2004*
606	**Paid From Part A Medicare Trust Fund Amount** *Start: 10/31/2004*
607	**Paid From Part B Medicare Trust Fund Amount** *Start: 10/31/2004*
608	**Paid Service Unit Count** *Start: 10/31/2004*
609	**Participation Agreement** *Start: 10/31/2004*
610	**Patient Discharge Facility Type Code** *Start: 10/31/2004*
611	**Peer Review Authorization Number** *Start: 10/31/2004*
612	**Per Day Limit Amount** *Start: 10/31/2004*
613	**Physician Contact Date** *Start: 10/31/2004*
614	**Physician Order Date** *Start: 10/31/2004*
615	**Policy Compliance Code** *Start: 10/31/2004*
616	**Policy Name** *Start: 10/31/2004*
617	**Postage Claimed Amount** *Start: 10/31/2004*
618	**PPS-Capital DSH DRG Amount** *Start: 10/31/2004*

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619	**PPS-Capital Exception Amount** *Start: 10/31/2004*
620	**PPS-Capital FSP DRG Amount** *Start: 10/31/2004*
621	**PPS-Capital HSP DRG Amount** *Start: 10/31/2004*
622	**PPS-Capital IME Amount** *Start: 10/31/2004*
623	**PPS-Operating Federal Specific DRG Amount** *Start: 10/31/2004*
624	**PPS-Operating Hospital Specific DRG Amount** *Start: 10/31/2004*
625	**Predetermination of Benefits Identifier** *Start: 10/31/2004*
626	**Pregnancy Indicator** *Start: 10/31/2004*
627	**Pre-Tax Claim Amount** *Start: 10/31/2004*
628	**Pricing Methodology** *Start: 10/31/2004*
629	**Property Casualty Claim Number** *Start: 10/31/2004*
630	**Referring CLIA Number** *Start: 10/31/2004*
631	**Reimbursement Rate** *Start: 10/31/2004*
632	**Reject Reason Code** *Start: 10/31/2004*

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633	**Related Causes Code (Accident, auto accident, employment)** *Start: 10/31/2004 | Last Modified: 10/17/2010*
634	**Remark Code** *Start: 10/31/2004*
635	**Repriced Ambulatory Patient Group Code** *Start: 10/31/2004*
636	**Repriced Line Item Reference Number** *Start: 10/31/2004*
637	**Repriced Saving Amount** *Start: 10/31/2004*
638	**Repricing Per Diem or Flat Rate Amount** *Start: 10/31/2004*
639	**Responsibility Amount** *Start: 10/31/2004*
640	**Sales Tax Amount** *Start: 10/31/2004*
642	**Service Authorization Exception Code** *Start: 10/31/2004*
643	**Service Line Paid Amount** *Start: 10/31/2004*
644	**Service Line Rate** *Start: 10/31/2004*
645	**Service Tax Amount** *Start: 10/31/2004*
646	**Ship, Delivery or Calendar Pattern Code** *Start: 10/31/2004*
647	**Shipped Date** *Start: 10/31/2004*

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648 Similar Illness or Symptom Date

Start: 10/31/2004

649 Skilled Nursing Facility Indicator

Start: 10/31/2004

650 Special Program Indicator

Start: 10/31/2004

651 State Industrial Accident Provider Number

Start: 10/31/2004

652 Terms Discount Percentage

Start: 10/31/2004

653 Test Performed Date

Start: 10/31/2004

654 Total Denied Charge Amount

Start: 10/31/2004

655 Total Medicare Paid Amount

Start: 10/31/2004

656 Total Visits Projected This Certification Count

Start: 10/31/2004

657 Total Visits Rendered Count

Start: 10/31/2004

658 Treatment Code

Start: 10/31/2004

659 Unit or Basis for Measurement Code

Start: 10/31/2004

660 Universal Product Number

Start: 10/31/2004

661 Visits Prior to Recertification Date Count CR702

Start: 10/31/2004

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662 X-ray Availability Indicator
Start: 10/31/2004

663 Entity's Group Name. Note: This code requires use of an Entity Code.
Start: 10/31/2004 | Last Modified: 02/11/2010

664 Orthodontic Banding Date
Start: 10/31/2004

665 Surgery Date
Start: 10/31/2004

666 Surgical Procedure Code
Start: 10/31/2004

667 Real-Time requests not supported by the information holder, do not resubmit
Start: 02/28/2005

668 Missing Endodontics treatment history and prognosis
Start: 06/30/2005

669 Dental service narrative needed.
Start: 10/31/2005

670 Funds applied from a consumer spending account such as consumer directed/driven health plan (CDHP), Health savings account (H S A) and or other similar accounts
Start: 06/30/2006 | Last Modified: 02/28/2007

671 Funds may be available from a consumer spending account such as consumer directed/driven health plan (CDHP), Health savings account (H S A) and or other similar accounts
Start: 06/30/2006 | Last Modified: 02/28/2007

672 Other Payer's payment information is out of balance
Start: 10/31/2006

673 Patient Reason for Visit
Start: 10/31/2006

674 Authorization exceeded
Start: 10/31/2006

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675	**Facility admission through discharge dates** *Start: 10/31/2006*
676	**Entity possibly compensated by facility. Note: This code requires use of an Entity Code.** *Start: 10/31/2006 | Last Modified: 02/11/2010*
677	**Entity not affiliated. Note: This code requires use of an Entity Code.** *Start: 10/31/2006 | Last Modified: 02/11/2010*
678	**Revenue code and patient gender mismatch** *Start: 10/31/2006*
679	**Submit newborn services on mother's claim** *Start: 10/31/2006*
680	**Entity's Country. Note: This code requires use of an Entity Code.** *Start: 10/31/2006 | Last Modified: 02/11/2010*
681	**Claim currency not supported** *Start: 10/31/2006*
682	**Cosmetic procedure** *Start: 02/28/2007*
683	**Awaiting Associated Hospital Claims** *Start: 02/28/2007*
684	**Rejected. Syntax error noted for this claim/service/inquiry. See Functional or Implementation Acknowledgement for details. (Note: Only for use to reject claims or status requests in transactions that were 'accepted with errors' on a 997 or 999 Acknowledgement.)** *Start: 11/05/2007*
685	**Claim could not complete adjudication in real time. Claim will continue processing in a batch mode. Do not resubmit.** *Start: 01/27/2008*
686	**The claim/ encounter has completed the adjudication cycle and the entire claim has been voided** *Start: 01/27/2008*
687	**Claim estimation cannot be completed in real time. Do not resubmit.** *Start: 01/27/2008*

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688	**Present on Admission Indicator for reported diagnosis code(s).** *Start: 01/27/2008*
689	**Entity was unable to respond within the expected time frame. Note: This code requires use of an Entity Code.** *Start: 06/01/2008 | Last Modified: 02/11/2010*
690	**Multiple claims or estimate requests cannot be processed in real time.** *Start: 06/01/2008*
691	**Multiple claim status requests cannot be processed in real time.** *Start: 06/01/2008*
692	**Contracted funding agreement-Subscriber is employed by the provider of services** *Start: 09/21/2008*
693	**Amount must be greater than or equal to zero. Note: At least one other status code is required to identify which amount element is in error.** *Start: 01/25/2009*
694	**Amount must not be equal to zero. Note: At least one other status code is required to identify which amount element is in error.** *Start: 01/25/2009*
695	**Entity's Country Subdivision Code. Note: This code requires use of an Entity Code.** *Start: 01/25/2009 | Last Modified: 02/11/2010*
696	**Claim Adjustment Group Code.** *Start: 01/25/2009*
697	**Invalid Decimal Precision. Note: At least one other status code is required to identify the data element in error.** *Start: 07/01/2009*
698	**Form Type Identification** *Start: 07/01/2009*
699	**Question/Response from Supporting Documentation Form** *Start: 07/01/2009*
700	**ICD10. Note: At least one other status code is required to identify the related procedure code or diagnosis code.** *Start: 07/01/2009*

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701	**Initial Treatment Date** *Start: 07/01/2009*
702	**Repriced Claim Reference Number** *Start: 11/01/2009*
703	**Advanced Billing Concepts (ABC) code** *Start: 01/24/2010*
704	**Claim Note Text** *Start: 01/24/2010*
705	**Repriced Allowed Amount** *Start: 01/24/2010*
706	**Repriced Approved Amount** *Start: 01/24/2010*
707	**Repriced Approved Ambulatory Patient Group Amount** *Start: 01/24/2010*
708	**Repriced Approved Revenue Code** *Start: 01/24/2010*
709	**Repriced Approved Service Unit Count** *Start: 01/24/2010*
710	**Line Adjudication Information. Note: At least one other status code is required to identify the data element in error.** *Start: 01/24/2010*
711	**Stretcher purpose** *Start: 01/24/2010*
712	**Obstetric Additional Units** *Start: 01/24/2010*
713	**Patient Condition Description** *Start: 01/24/2010*

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714	**Care Plan Oversight Number** *Start: 01/24/2010*
715	**Acute Manifestation Date** *Start: 01/24/2010*
716	**Repriced Approved DRG Code** *Start: 01/24/2010*
717	**This claim has been split for processing.** *Start: 01/24/2010*
718	**Claim/service not submitted within the required timeframe (timely filing).** *Start: 01/24/2010*
719	**NUBC Occurrence Code(s)** *Start: 01/24/2010*
720	**NUBC Occurrence Code Date(s)** *Start: 01/24/2010*
721	**NUBC Occurrence Span Code(s)** *Start: 01/24/2010*
722	**NUBC Occurrence Span Code Date(s)** *Start: 01/24/2010*
723	**Drug days supply** *Start: 01/24/2010*
724	**Drug dosage** *Start: 01/24/2010*
725	**NUBC Value Code(s)** *Start: 01/24/2010*
726	**NUBC Value Code Amount(s)** *Start: 01/24/2010*
727	**Accident date** *Start: 01/24/2010*

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728	**Accident state** *Start: 01/24/2010*
729	**Accident description** *Start: 01/24/2010*
730	**Accident cause** *Start: 01/24/2010*
731	**Measurement value/test result** *Start: 01/24/2010*
732	**Information submitted inconsistent with billing guidelines. Note: At least one other status code is required to identify the inconsistent information.** *Start: 01/24/2010*
733	**Prefix for entity's contract/member number.** *Start: 01/24/2010*
734	**Verifying premium payment** *Start: 06/06/2010*
735	**This service/claim is included in the allowance for another service or claim.** *Start: 06/06/2010*
736	**A related or qualifying service/claim has not been received/adjudicated.** *Start: 06/06/2010*
737	**Current Dental Terminology (CDT) Code** *Start: 06/06/2010*
738	**Home Infusion EDI Coalition (HEIC) Product/Service Code** *Start: 06/06/2010*
739	**Jurisdiction Specific Procedure or Supply Code** *Start: 06/06/2010*
740	**Drop-Off Location** *Start: 06/06/2010*

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741	**Entity must be a person. Note: This code requires use of an Entity Code.** *Start: 06/06/2010*
742	**Payer Responsibility Sequence Number Code** *Start: 06/06/2010*
743	**Entity's credential/enrollment information. Note: This code requires use of an Entity Code.** *Start: 10/17/2010*
744	**Services/charges related to the treatment of a hospital-acquired condition or preventable medical error.** *Start: 10/17/2010*
745	**Identifier Qualifier Note: At least one other status code is required to identify the specific identifier qualifier in error.** *Start: 10/17/2010*
746	**Duplicate Submission Note: use only at the information receiver level in the Health Care Claim Acknowledgement transaction.** *Start: 10/17/2010*
747	**Hospice Employee Indicator** *Start: 10/17/2010*
748	**Corrected Data Note: Requires a second status code to identify the corrected data.** *Start: 10/17/2010*
749	**Date of Injury/Illness** *Start: 10/17/2010*
750	**Auto Accident State or Province Code** *Start: 10/17/2010 | Last Modified: 01/30/2011*
751	**Ambulance Pick-up State or Province Code** *Start: 10/17/2010 | Last Modified: 01/30/2011*
752	**Ambulance Drop-off State or Province Code** *Start: 10/17/2010 | Last Modified: 01/30/2011*
753	**Co-pay status code.** *Start: 01/30/2011*

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754	**Entity Name Suffix. Note: This code requires the use of an Entity Code.** *Start: 01/30/2011*
755	**Entity's primary identifier. Note: This code requires the use of an Entity Code.** *Start: 01/30/2011*
756	**Entity's Received Date. Note: This code requires the use of an Entity Code.** *Start: 01/30/2011*
757	**Last seen date.** *Start: 01/30/2011*
758	**Repriced approved HCPCS code.** *Start: 01/30/2011*
759	**Round trip purpose description.** *Start: 01/30/2011*
760	**Tooth status code.** *Start: 01/30/2011*
761	**Entity's referral number. Note: This code requires the use of an Entity Code.** *Start: 01/30/2011*

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