

**Ohio Companion Guide
277 Unsolicited Claim/Encounter Status Notification**

**Version 1.5
October 5, 2010**

Document Information

Document Title:	277 Unsolicited Claim/Encounter Status Notification
Document ID:	277 Unsolicited Claim/Encounter Status Notification
Version:	1.5
Owner:	Ohio MITS Team
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Amendment History

Document Version Number	Submission Date	Modified By	Modifications
1.0	10/1/08	Tina Adkins	Initial Version
1.1	06/01/09	Tina Adkins and Ken Dason	Changes made based on previous companion guide deliveries and Use Case meeting.
1.2	7/30/09	Tina Adkins	Changes made based on meeting with ODJFS.
1.3	10/27/09	Tina Adkins	Changes made based on meeting with ODJFS
1.4	11/27/09	Tina Adkins	Changes made based on feedback from ODJFS
1.5	08/31/10	Debbie Dixon	Changes made based on Change Journal on the Trading Partner website.

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Disclosure Statement

The information contained in this guide is meant to provide assistance to providers regarding the electronic submission of health information to the Ohio Department of Job and Family Services (ODJFS). The sole purpose of this document is to provide guidance to entities who wish to become a Trading Partner. Every effort has been made to assure the information in this guide conforms to current requirements of the law. Each Medicaid provider and Trading Partner has the ultimate responsibility to follow federal and state laws, including the [Ohio Administrative Code](#). All users of this guide are advised to review these legal requirements with their legal counsel.

Preface

The Ohio Electronic Data Interchange (EDI) Companion Guides are developed and maintained by ODJFS. They are designed to be used in conjunction with the Accredited Standards Committee (ASC) X12 Health Insurance Portability and Accountability Act of 1996 (HIPAA) Implementation Guides dated May 2000, the Addenda adopted October 2002, and other ASC X12 acknowledgement transactions. The EDI Companion Guides are compliant with both the ASC X12 syntax and the HIPAA guides.

Each EDI Companion Guide is intended to convey information that is contained within the framework of the ASC X12 Implementation Guides adopted for use under HIPAA. The EDI Companion Guides are not intended to convey information that in any way exceeds the requirements or usages of data expressed in the ASC X12 Implementation Guides.

The ASC X12 277 Health Care Claim Status Notification Implementation Guide presents the basic requirements for planning and implementing an EDI-based system for the exchange of ASC X12 compliant transactions with the Ohio Medicaid Information Technology System (MITS). In order to create a compliant transaction, you must first meet the requirements of the ASC X12 277 Health Care Claim Status Notification Implementation Guide and then incorporate the ODJFS specific requirements.

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INTRODUCTION

This Draft Standard for Trial Use contains the format and establishes the data contents of the Health Care Claim Status Notification Transaction Set (277) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used by a health care payer or authorized agent (the managed care plan [MCP] for encounters) to notify a provider, recipient, or authorized agent regarding the status of a health care claim/encounter or to request additional information from the provider regarding a health care claim/encounter. This transaction set is not intended to replace the Health Care Claim Payment/Advice Transaction Set (835) and therefore, will not be used for account payment posting. Please note that the 835 will not be sent to MCPs for encounters. The notification may be at a summary or service line detail level. This Draft Standard for Trial Use is based on the 277 Unsolicited Health Care Claim Status Notification guide , Version 6.1, dated November 2009 on the ODJFS Trading Partner website at: <http://jfs.ohio.gov/OHP/tradingpartners/pdfs/277URV-F.pdf>

The Ohio Department of Job and Family Services returns this transaction for all encounters accepted and rejected. When an ASC X12N 837 Health Care Encounter is rejected due to errors, the encounter errors identified in this transaction set may be corrected and the encounter re-submitted according to the MCP encounter data submission schedule.

GENERAL INFORMATION

This EDI Companion Guide supplements the 277 Unsolicited Health Care Claim Status Notification Implementation Guide, Version X12 004010 277.

The objectives of this document are:

- To point out preferred selections for data elements where multiple alternatives exist.

In the examples given in this Companion Guide, a period (“.”) denotes a blank space.

Data Formatting

All objects including *.837, *.997 files can either be wrapped or unwrapped, which means the files must contain carriage return/line feed control characters at the end of every line or the data in the files must be streamed to be processed. The method chosen must be consistent throughout the entire file.

American National Standards Institute (ANSI) X12 Formatting

The EDI objects must strictly adhere to the structure, syntax, and semantic requirements as specified in the ASC X12 National Standard and as provided in the ODJFS Companion Guides.

American Standard Code for Information Exchange Formatting

ODJFS does not accept Binary Coded Decimal Interchange Code (EBCDIC) files. All data transfers are expected to be in the American Standard Code for Information Exchange (ASCII) format.

For additional information, see the EDI Trading Partner Information Guide found on the ODJFS Trading Partner website http://jfs.ohio.gov/OHP/tradingpartners/atp_lists.stm

References

In addition to the resources available on the ODJFS Trading Partner website at <http://jfs.ohio.gov/OHP/tradingpartners/info.stm>, there are other websites that contain helpful information to assist in the implementation of the electronic data interchange process. The links to these websites are listed below and are separated by category for easy reference.

EDI Basics

For information about EDI software and services, see 1EDI Source, Inc.

Government / Associations

- Center for Medicare and Medicaid Services (CMS): <http://www.cms.hhs.gov>
- Answers to Frequently Asked Questions: https://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg/php/enduser/std_alp.php?p_sid=GiSFk8jj
- Health and Human Services (HHS) Office for Civil Rights (Privacy) <http://www.hhs.gov/ocr/hipaa/>
- WEDI SNIP: Workgroup for EDI, Strategic National Implementation Process: <http://www.wedi.org/snip/>
- CMS website for National Provider Identifier (NPI): <http://www.cms.hhs.gov/NationalProvIdentStand/>

ASC X12 Standards

- Washington Publishing Company - <http://www.wpc-edi.com/>
- Data Interchange Standards Association - <http://disa.org/>
- American National Standards Institute - <http://ansi.org/>
- Accredited Standards Committee – <http://www.x12.org>

Ohio Department of Job and Family Services

- ODJFS website - <http://jfs.ohio.gov>
- Ohio Health Plans (OHP) website - <http://jfs.ohio.gov/ohp/>
- ODJFS Communication/Security Partner – <http://www.eds.com>

EDI Support

- Email: MMIS-EDI-Support@jfs.ohio.gov and Phone: (614) 387-1212

SEGMENTS/ELEMENTS

ISA - Interchange Control Header

Usage: Required

Segment Max Use within Transaction: 1

Loop Repeat: None

Example: ISA*00*.....*00*.....*ZZ*MMISODJFS.....*ZZ*7DIGIT.TP.ID...*031016*1253*U* 00401*000000001*0*T*:~

Element	Name	ATTRIBUTES				Comments
		Use	Min/Max	Data Type	Codes/Values	
ISA01	Authorization Information Qualifier	R	2/2	ID	00	
ISA03	Security Information Qualifier	R	2/2	ID	00	
ISA05	Sender Interchange ID Qualifier	R	2/2	ID	ZZ	Mutually defined. This is the only code that ODJFS recognizes for this element.
ISA06	Interchange Sender ID	R	15/15	AN	MMISODJFS	If you are sending to Medicaid then: This field should contain the 7-digit Medicaid Trading Partner ID assigned to the Sender of this file. Since this is a fixed-length field, it should be filled with spaces to meet the minimum length requirement of 15. If you are receiving from Medicaid then: This field should contain the value MMISODJFS assigned to the Sender of this file (Ohio Department of Job and Family Services). Since this is a fixed-length field, it will be filled with spaces to meet the minimum length requirement of 15.
ISA07	Interchange Receiver ID Qualifier	R	2/2	ID	ZZ	Mutually defined. This is the only code that ODJFS recognizes for this element.
ISA08	Interchange Receiver ID	R	15/15	AN		If you are sending to Medicaid then: This field should contain the value MMISODJFS assigned to the Receiver of this file (Ohio Department of Job and Family Services).. Since this is a fixed-length field, it should be filled with spaces to meet the minimum length requirement of 15. If you are receiving from Medicaid then: This field should contain the 7-digit Medicaid Trading Partner ID assigned to the Receiver of this file.

						Since this is a fixed-length field, it will be filled with spaces to meet the minimum length requirement of 15.
ISA13	Interchange Control Number	R	9/9	N0		The Interchange Control Number, ISA13, is identical to the associated Interchange Trailer, IEA02.
ISA14	Acknowledgment Requested	R	1/1	ID	0	No Acknowledgment Requested
ISA15	Usage Indicator	R	1/1	ID	P T	Production Test

GS – Functional Group Header

Usage: Required

Segment Max Use within Transaction: 1

Loop Repeat: None

Example: GS*HP*MMISODJFS* 7DIGITPID *20030826*0817*1*X*004010X091A1

Element	Name	ATTRIBUTES				Comments
		Use	Min/ Max	Data Type	Codes/ Values	
GS02	Application Sender's Code	R	2/15	AN	MMISODJFS	This field will contain the value MMISODJFS (Ohio Department of Job and Family Services).
GS03	Application Receiver's Code	R	2/15	AN		This field will contain the 7-digit Medicaid Trading Partner ID assigned to the receiver of this file.

ST – Transaction Set Header

Usage: Required

Segment Max Use within Transaction: 1

Loop Repeat: None

Example: ST*277*987654~

Element	Name	ATTRIBUTES				Comments
		Use	Min/Max	Data Type	Codes/Values	
ST01	Transaction Set Identifier Code	R	3/3	AN	277	The only valid value within this transaction set for ST01 is 277
ST02	Transaction Set Control Number	R	4/9	AN		The Transaction Set Control Numbers in ST02 and SE02 must be identical. This unique number also aids in error resolution research. The number must be unique within a specific functional group (GS-GE) and interchange (ISA-IEA), but can repeat in other groups and interchanges.

BHT – Beginning of Hierarchical Transaction

Usage: Required

Segment Max Use within Transaction: 1

Loop Repeat: None

Element	Name	ATTRIBUTES				Comments
		Use	Min/Max	Data Type	Codes/Values	
BHT01	Hierarchical Structure Code	R	4/4	R	0010	Information Source, Information Receiver, Provider of Service, Subscriber, Dependent
BHT02	Transaction Set Purpose Code	R	2/2	R	08	Status
BHT03	Reference Identification	S	1/30	S		Concatenation of Trading Partner ID and System Date
BHT06	Transaction Type Code	S	2/2	O	TH	Receipt Acknowledgment Advice
					NO	Notice

HL – Hierarchical Level

Usage: Required

Segment Max Use within Transaction: 1

Loop ID: 2000

Element	Name	ATTRIBUTES				Comments
		Use	Min/Max	Data Type	Codes/Values	
HL01	Hierarchical ID Number	R	1/12	AN		A unique, sequential number starting with 1
HL02	Hierarchical Parent ID Number	S	1/12	AN		The Hierarchical ID Number of the HL loop that is the parent of this HL segment
HL03	Hierarchical Level Code	R	1/2	ID	20	Information Source – Used for the Payer level.
HL04	Hierarchical Child Code	S	1/1	ID	1	

NM1 – Individual or Organizational Name

Usage: Required

Segment Max Use within Transaction: 1

Loop ID: 2100

Element	Name	ATTRIBUTES				Comments
		Use	Min/Max	Data Type	Codes/Values	
NM101	Entity Identifier Code	R	2/3	ID	PR	ODJFS
NM102	Entity Type Qualifier	R	1/1	ID	2	Non-Person Entity
NM103	Name Last or Organization Name	S	1/35	AN		ODJFS
NM104	Name First	S	1/25	AN		Will not be used for encounters.
NM108	Identification Code Qualifier	S	1/2	ID	PI	Payer Identification.
NM109	Identification Code	S	2/80	AN	MMISODJFS	ODJFS Payer ID.

TRN – Trace

Usage: Required

Segment Max Use within Transaction: 1

Loop ID: 2200

NOTE: This will be the MCP's Transaction Control Number (TCN).

Element	Name	ATTRIBUTES				Comments
		Use	Min/ Max	Data Type	Codes/ Values	
TRN01	Trace Type Code	R	1/2	ID	2	Referenced Transaction Trace Numbers
TRN02	Reference Identification	R	1/30	AN		For encounters, this will be the MCP's Transaction Control Number (TCN). For FFS claims, this will be the original Transaction Control Number from the 837 claim.

STC – Status Information

Usage: Required

Segment Max Use within Transaction: >1

Loop ID: 2200

Element	Name	ATTRIBUTES				Comments
		Use	Min/Max	Data Type	Codes/Values	
STC01-1	Industry Code	R	1/30	AN	A2	Encounters – Acknowledgment/Acceptance of the encounter FFS Claim – Acknowledgment/Acceptance into adjudication system.
					A7	Encounter and FFS - Rejected for Invalid Information
STC01-2	Industry Code	R	1/30	AN		For a list of valid industry codes please visit the Washington Publishing Company's website at WWW.WPC-EDI.COM
STC01-3	Entity Identifier Code	S	2/3	ID	71	Attending Physician - Physician present when medical services are performed. Used with Status Code 26
					72	Operating Physician – Doctor who performs a surgical Procedure. Used with status Code 26
					82	Rendering Provider. Used with Status Code 26
					DN	Referring Provider. Used with Status Code 26
					QC	Patient – Individual receiving medical care. Used with Status Code 21 and 478.
STC02	Date	N/U	8/8	ID		Date ODJFS processing checked the claims/encounter for errors.
STC03	Action Code	S	1/2	ID	15	Correct and Resubmit FFS Claim.
STC04	Monetary Amount	N/U	1/18	R		Original Submitted Claim Charge Amount
STC12	Free-Form Message Text	O	1/264	AN		This element is for encounter claims only. This will be the MCO 4 digit error (EOB) codes regarding encounter transactions for both informational and critical errors. Please see Appendix A for more information on the EOB code(s).

						The error codes will appear as a continuous string of numbers. For example, the error codes of 201, 203, 269, and 3047 will be displayed as 0201020302693047
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REF – Reference Identification

Usage: Optional

Segment Max Use within Transaction: 1

Loop ID: 2200

NOTE: When a claim/encounter is accepted into the ODJFS system, a control number assigned by the ODJFS system is returned with REF01 set to '1K' and REF 02 set to the ODJFS internal control number (ICN) for the claim/encounter. The ICN is 13 bytes in length.

Element	Name	ATTRIBUTES				Comments
		Use	Min/Max	Data Type	Codes/Values	
REF01	Reference Identification Qualifier	R	2/3	ID	1K	Value used for accepted claims/encounters only.
REF02	Reference Identification	S	1/30	AN		ODJFS assigned Internal Control Number (ICN). The ICN is used for accepted, rejected and suspended claims/encounters.

DTP – Date or Time or Period

Usage: Situational

Segment Max Use within Transaction: 1

Loop ID: 2200

NOTE: Dates of service for the Institutional, Dental, and Professional claim/encounter.

Element	Name	ATTRIBUTES				Comments
		Use	Min/Max	Data Type	Codes/Values	
DTP01	Date/Time Qualifier	R	3/3	ID	472	Service – Begin and end dates of the service being rendered.
DTP02	Date Time Period Format Qualifier	R	2/3	ID	D8	Date Expressed in Format CCYYMMDD
					RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
DTP03	Date Time Period	R	1/35	AN		Dates of service for the Institutional, Dental, and Professional claim/encounter.

SVC – Service Information

Usage: Required

Segment Max Use within Transaction: 1

Loop ID: 2220

Element	Name	ATTRIBUTES				Comments
		Use	Min/Max	Data Type	Codes/Values	
SVC01-1	Product or Service ID Qualifier	R	2/2	ID	AD	American Dental Association Codes This association's membership consists of U.S. dentists. It sets standards for the dental profession.
					HC	Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes HCFA coding scheme to group procedure(s) performed on an outpatient basis for payment to hospital under Medicare; primarily used for ambulatory surgical and other diagnostic departments.
SVC02	Monetary Amount	R	1/18	R		Submitted service line amount.

STC – Status Information

Usage: Required

Segment Max Use within Transaction: >1

Loop ID: 2220

Element	Name	ATTRIBUTES				Comments
		Use	Min/Max	Data Type	Codes/Values	
STC01-1	Industry Code	R	1/30	AN	A2 A7	Encounters – Acknowledgment/Acceptance of the encounter FFS Claim – Acknowledgment/Acceptance into adjudication system. Encounter and FFS - Rejected for Invalid Information
STC01-2	Industry Code	R	1/30	AN		For a list of valid industry codes please visit the Washington Publishing Company's website at WWW.WPC-EDI.COM
STC12	Free-Form Message Text	O	1/264	AN		This element is for encounter claims only. This will be the MCO 4 digit error (EOB) codes regarding encounter transactions for both informational and critical errors. Please see Appendix A for more information on the EOB code(s). The error codes will appear as a continuous string of numbers. For example, the error codes of 201, 203, 269, and 3047 will be displayed as 0201020302693047.

DTP – Date or Time or Period

Usage: Situational

Segment Max Use within Transaction: 1

Loop ID: 2220

Element	Name	ATTRIBUTES				Comments
		Use	Min/ Max	Data Type	Codes/ Values	
DTP01	Date/Time Qualifier	R	3/3	ID	472	Service – Begin and end dates of the service being rendered.
DTP02	Date time Period Format Qualifier	R	2/3	ID	D8	Date Expressed in Format CCYYMMDD
					RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
DTP03	Date Time Period	R	1/35	AN		Service Line Date

Appendix A

This appendix is being used in reference to Encounter claims to assist the MCOs with information that is provided in the STC12 segments located in loops 2200 and 2220. Additional information regarding information/critical errors, HIPAA status codes, and line/claim level errors can be located at the following link “Managed Care Encounter EDI Error/Edits Crosswalk”.

EOB Code	EOB Description
0030	MILEAGE RATE MISSING OR ZEROS
0050	CLAIM DENIED. PLEASE CORRECT COVERED DAYS FIELD AND RESUBMIT
0051	PATIENT CONDITION/STATUS CODE MISSING, INVALID
0062	CLAIM DENIED. THE HOUR OF ADMISSION IS MISSING OR INVALID
0124	INVALID DATE OF SERVICE
0132	TOTAL/SUBMITTED CHARGE MISSING
0136	REVENUE CENTER CODE IS MISSING/INVALID
0138	TYPE OF BILL IS INVALID
0167	PATIENT STATUS MISSING OR INVALID
0170	PLACE OF SERVICE IS INVALID
0184	TOTAL/SUBMITTED CHARGE MISSING
0321	PROCEDURE CODE NOT ON FILE
0361	PROCEDURE CODE NOT ALLOWED FOR DATE OF SERVICE
0872	1ST DIAGNOSIS CODE NOT ON FILE
0873	2ND DIAGNOSIS CODE NOT ON FILE
0875	3RD DIAGNOSIS CODE NOT ON FILE
0878	4TH DIAGNOSIS CODE NOT ON FILE
0885	5TH DIAGNOSIS CODE NOT ON FILE
0888	6TH DIAGNOSIS CODE NOT ON FILE
0892	7TH DIAGNOSIS CODE NOT ON FILE
0898	8TH DIAGNOSIS CODE NOT ON FILE
1027	1ST SURGICAL PROCEDURE CODE NOT ON FILE
1028	2ND SURGICAL PROCEDURE NOT ON FILE
1029	3RD SURGICAL PROCEDURE NOT ON FILE
1030	4TH SURGICAL PROCEDURE NOT FOUND
1031	5TH SURGICAL PROCEDURE NOT FOUND
1032	6TH SURGICAL PROCEDURE NOT FOUND
1090	1ST SURGICAL PROCEDURE DATE IS MISSING OR ZEROS

1091 2ND SURGICAL PROCEDURE DATE IS MISSING OR ZEROS
1092 3RD SURGICAL PROCEDURE DATE IS MISSING OR ZEROS
1093 4TH SURGICAL PROCEDURE DATE INVALID
1094 5TH SURGICAL PROCEDURE DATE INVALID
1095 6TH SURGICAL PROCEDURE DATE INVALID
1152 CREDIT/ADJUSTMENT REQUIRES TCN
1157 CLAIM NOT ON HISTORY
2126 FIRST DATE OF SERV GREATER THAN LAST DATE OF SERV
2168 INVALID SOURCE OF ADMISSION
2183 MISSING UNITS OF SERVICE
2199 DATE OF SURGERY IS MISSING
2200 INVALID TYPE OF ADMISSION
2313 ADMITTING DIAGNOSIS CODE NOT COVERED FOR DOS
2314 SURGICAL PROCEDURE CODE NOT FOUND
2317 PROCEDURE CODE/MODIFIER CONFLICT
2321 PROCEDURE CODE IS NO LONGER VALID
4252 DIAGNOSIS CODE 10-24 NOT ON FILE
8884 MCP PAY TO PROVIDER NUMBER/NPI BILLED INCORRECTLY
8885 MCP PROVIDER NUMBER NOT ON FILE
8886 RECIPIENT IS NOT ENROLLED IN MCO
8887 INVALID MCP RECIPIENT ID NUMBER
8888 NO MEDICAID ELIGIBILITY FOR MCP RECIPIENT
8889 PROCEDURE CODE REQUIRED AT DETAIL LEVEL FOR ENCOUNTERS
8890 MISSING OR INVALID MCP PAID DATE
8891 MCP PAID DATE EQUAL TO OR GREATER THAN DETAIL DOS
8892 MODIFIER NOT ON FILE
8893 LMP REQUIRED FOR DELIVERY OR PRENATAL PROCEDURE
8894 INVALID LMP DATE
8895 LMP DATE MUST BE LESS THAN FIRST DOS
8896 EPSDT REFERRAL INDICATOR REQUIRED
8897 INVALID ADMIT HOUR(8897)
8898 MCP CLAIM NUMBER REQUIRED
8899 MCP CLAIM NUMBER MUST BE BETWEEN 1 AND 18 BYTES IN LENGTH AND ONLY CONTAINS ALPHA NUMERIC CHARACTERS
8900 MISSING HEADER MCP PAYMENT AMOUNT
8901 CAPITATION INDICATOR REQUIRED AT THE DETAIL LEVEL
8902 CAPITATION INDICATOR REQUIRES \$0 AT THE CLAIM LEVEL

8903 CAPITATION INDICATOR AT ALL DETAILS REQUIRES \$0 AT THE CLAIM LEVEL
8904 MCP PAYMENT AT HEADER MUST BE THE SUM OF MCP DETAIL PAYMENT AMOUNTS
8907 INVALID BIRTH WEIGHT
8908 INVALID MCPC PAID DATE
8909 INVALID DISCHARGE HOUR
8910 MISSING MCPC PAID DATE
8911 MCPC PAID DATE LESS THAN FIRST AND LAST DATES OF SERVICE
8912 INVALID HEADER MCP PAYMENT AMOUNT
8913 MISSING DETAIL MCP PAYMENT AMOUNT
8914 INVALID DETAIL MCP PAYMENT AMOUNT
8915 CAPITATION INDICATOR REQUIRES \$0 AT THE DETAIL LEVEL
8916 QUALIFIER MUST BE EI OR SY IN 2010AA-REF01
8917 INVALID EIN/SSN FOR QUALIFIERS EI/SY/24/34
8919 VALUE MUST BE 1, 7 OR 8 IN 2300-CLM05-3
8920 QUALIFIER MUST BE D8
8921 CONTRACT TYPE CODE INVALID ON HEADER
8922 RECIPIENT ID NUMBER NOT ON FILE
8923 QUALIFIER MUST BE XX OR 24 OR 34
8924 INVALID CHECK DIGIT FOR NPI
8930 MISSING HEADER MCP PAYMENT AMOUNT
8925 FIRST OCCURRENCE MUST BE 'P'
8926 FIRST OCCURRENCE MUST BE 18
8927 INVALID REGION/PROGRAM SPECIFIC MCP PROVIDER NUMBER
8928 QUALIFIER MUST BE HM
8929 FIRST OCCURRENCE MUST BE 'D'
8930 FIRST OCCURRENCE OF AMOUNT IS REQUIRED
8931 INVALID REGION/PROGRAM SPECIFIC MCP PROVIDER NUMBER.
8932 FIRST OCCURRENCE MUST BE '573'
8933 VALUE MUST BE D8 AT DETAIL
8934 CONTRACT TYPE CODE INVALID ON DETAIL
8935 QUALIFIER MUST BE XX AT DETAIL
8936 INVALID NPI CHECK DIGIT AT DETAIL