




5010 Gap Analysis for Claim Status Request and Response
Based on ASC X12 276/277 v5010 TR3 X212
Version 1.1 January 2010



This information is provided by Emdeon for education and awareness use only. While Emdeon believes that all the information in this document is correct as of December 2009, Emdeon does not warrant the accuracy, completeness or fitness for any particular purpose of this information. All use is at the reader's own risk. The information provided here is for reference use only and does not constitute the rendering of legal, financial, or other professional advice or recommendations by Emdeon.

© 2009, Emdeon Corporation, 3055 Lebanon Pike Suite 1000, Nashville, TN 37214.

All Rights Reserved. Printed in the USA.



OVERVIEW

PURPOSE

The purpose of this document is to provide a high level gap analysis between the current HIPAA mandated Health Care Claim Status Request and Response X093A1 276/277 version 4010 and the HIPAA mandated Health Care Claim Status Request and Response X212 276/277 version 5010 that has a compliance date of January 1, 2012.

This document should be used along with the X12 5010 Claim Status Request and Response TR3 X212. To obtain your copy of the TR3 visit the X12 Web Site at:

<http://store.X12.org>
Health Care Claim Status Request and Response
ASC X12 276/277 (005010X212)

OVERALL GAP ANALYSIS REPORT

The Overall Gap Analysis Report provides a list of **all** content changes in the order of the TR3. Changes that were considered non-substantive are not listed in this report. The Change Comment gives a brief summary of the change and the columns listed to the right indicate the type of change.

NEW CONTENT REPORT

The New Content Report provides a list of **NEW** data elements added in the 5010 version of the transaction.

DELETED CONTENT REPORT

The Deleted Content Report provides a list of the data elements **REMOVED** in the 5010 version of the transaction.

USE CHANGE REPORT

The Use Change Report provides a list of data elements where the **TR3 usage changed** from Situational to Required; Required to Situational; or the Situational Note changed.

SIZING CHANGE REPORT

The Sizing Change Report provides a list of data elements where the **min/max** requirements changed in the 5010.

CODE CHANGE REPORT

The Code Change Report provides a list of data elements where the **code values** within the data element were changed in 5010.

Overall Gap Analysis Report





5010 Gap Analysis Claim Status Request X212 Gap Analysis

Items in Red are flagged as Transition Challenges.

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocated	TR3 Use	Code	Qualifier	X12 Use	X12 Size
Header	ISA11	^	Repetition Separator	Changed from Interchange Control Standard ID to Repetition Separator								
Header	ST03	005010X21 2	Implementation Convention Reference	Added to X12 Standard. Changed from Not Used to Required.								
Header	BHT03		Reference Identification	Changed from Not Used to Required.								
Header	BHT05		Transaction Set Creation Time	Changed from Not Used to Required.								
2100A	NM103		Payer Name	Min/Max changed from 1/35 to 1/60.								
2100A	NM108	List	Identification Code Qualifier	Code values 21, AD, FI NI and PP were deleted.								
2100A	NM109	21	Health Industry Number (HIN)									
2100A	NM109	AD	Blue Cross Blue Shield Association Plan Code									
2100A	NM109	FI	Federal Taxpayer's Identification Number									
2100A	NM109	NI	NAIC Number									
2100A	NM109	PP	Pharmacy Processor Number									
2100A	PER01	IC	Contact Function Code									
2100A	PER02		Contact Name									
2100A	PER03	List	Communication Number qualifier									
2100A	PER04	ED	Electronic Data Interchange Access Number									
2100A	PER04	EM	E-mail									
2100A	PER04	TE	Telephone Number									
2100A	PER05		Communication Number qualifier									
2100A	PER06	EX	Telephone Extension									
2100A	PER07		Communication Number qualifier									

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocated	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2100A	PER08	EX	Telephone Extension			■						
2100A	PER08	FX	FAX			■						
2100B	NM103		Information Receiver Last Name	Changed from Required to Situational. Min/Max changed from 1/35 to 1/60.				■				■
2100B	NM103		Information Receiver Organization Name	Changed from Required to Situational. Min/Max changed from 1/35 to 1/60.				■				■
2100B	NM104		Information Receiver First Name	Min/Max changed from 1/25 to 1/35								■
2100B	NM106		Information Receiver Name Prefix	Changed from Situational to Not Used.		■		■				
2100B	NM107		Information Receiver Name Suffix	Changed from Situational to Not Used.		■		■				
2100B	NM108	List	Identification Code Qualifier	Code values FI and XX were deleted.						■		
2100B	NM109	FI	Federal Taxpayer's Identification Number			■						
2100B	NM109	XX	NPI			■						
2100C	NM103		Provider Last Name	Changed from Required to Situational. Min/Max changed from 1/35 to 1/60.				■				■
2100C	NM103		Provider Organization Name	Changed from Required to Situational. Min/Max changed from 1/35 to 1/60.				■				■
2100C	NM104		Provider First Name	Min/Max changed from 1/25 to 1/35.								■
2100C	NM106		Provider Name Prefix	Changed from Situational to Not Used.		■		■				
2000D	DMG03	List	Subscriber Gender Code	Changed from Required to Situational. Code value U was deleted.				■	■			
2100D	NM101	IL	Name Qualifier	Code value QC was deleted.						■		
2100D	NM103		Subscriber Last Name	Min/Max changed from 1/35 to 1/60.								■
2100D	NM103		Subscriber Organization Name	Min/Max changed from 1/35 to 1/60.								■
2100D	NM104		Subscriber First Name	Min/Max changed from 1/25 to 1/35.								■
2100D	NM106		Subscriber Name Prefix	Changed from Situational to Not Used.		■		■				
2100D	NM108	List	Identification Code Qualifier	Code value ZZ was deleted. Code value II was added.						■		
2100D	NM109	II	Standard Unique Health Identifier		■							
2100D	NM109	ZZ	Mutually Defined			■						

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocated	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2200D	TRN02		Current Transaction Trace Number	Min/Max changed from 1/30 to 1/50.								
2200D	REF02		Payer Claim Control Number	Min/Max changed from 1/30 to 1/50.								
2200D	REF02		Bill Type Identifier	Min/Max changed from 1/30 to 1/50.								
2200D	REF01	EA	Reference Identification Qualifier									
2200D	REF02		Medical Record Number									
2200D	REF01	LU	Reference Identification Qualifier									
2200D	REF02		Reference Identification	Min/Max changed from 1/30 to 1/50.								
2200D	REF01	List	Reference Identification Qualifier	Code value LU was deleted.								
2200D	REF02		Reference Identification	Min/Max changed from 1/30 to 1/50.								
2200D	REF02	LU	Location Number	This Code value was moved into a separate REF Segment.								
2200D	REF01	EJ	Reference Identification Qualifier									
2200D	REF02		Patient Control Number									
2200D	REF01	XZ	Reference Identification Qualifier									
2200D	REF02		Pharmacy Prescription Number									
2200D	REF01	D9	Reference Identification Qualifier									
2200D	REF02		Claim Identification Number for Clearinghouses and Other Transmission Intermediaries									
2200D	AMT02		Total Claim Charge Amount	Maximum length note was added to be 11 characters including the decimal.								
2200D	DTP01	472	DTP Qualifier	Code value 232 was deleted. Code value 472 was added.								
2200D	DTP02	List	DTP Format Qualifier	Code value D8 was added.								
2210D	SVC01-1	List	Product/Service ID Qualifier	Code values CI, ID, N1, N2, N3, ND, NH and RB were deleted. Code values ER, HP and WK were added.								
2210D	SVC07		Original Units of Service Count	Changed from Situational to Required.								
2210D	REF02		Line Item Control Number	Min/Max changed from 1/30 to 1/50.								
2210D	DTP02	List	DTP Format Qualifier	Code value D8 was added.								

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocated	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2000E	DMG03	List	Patient Gender Code	Changed from Required to Situational. Code value U was deleted.								
2100E	NM103		Patient Last Name	Min/Max changed from 1/35 to 1/60.								
2100E	NM104		Patient First Name	Min/Max changed from 1/25 to 1/35.								
2100E	NM106		Patient Name Prefix	Changed from Situational to Not Used.								
2100E	NM108	List	Identification Code Qualifier	Changed from Situational to Not Used.								
2100E	NM109		Patient Primary Identifier	Changed from Situational to Not Used.								
2100E	NM109	MI	Member Identification Number	Changed from Situational to Not Used.								
2100E	NM109	ZZ	Mutually Defined	Changed from Situational to Not Used.								
2200E	TRN02		Current Transaction Trace Number	Min/Max changed from 1/30 to 1/50.								
2200E	REF02		Payer Claim Control Number	Min/Max changed from 1/30 to 1/50.								
2200E	REF02		Bill Type Identifier	Min/Max changed from 1/30 to 1/50.								
2200E	REF01	EA	Reference Identification Qualifier									
2200E	REF02		Medical Record Number									
2200E	REF01	LU	Reference Identification Qualifier									
2200E	REF02		Application or Location System Identifier									
2200E	REF01	6P	Reference Identification Qualifier									
2200E	REF02		Group Number									
2200E	REF01	EJ	Reference Identification Qualifier									
2200E	REF02		Patient Control Number									
2200E	REF01	XZ	Reference Identification Qualifier									
2200E	REF02		Pharmacy Prescription Number									
2200E	REF01	D9	Reference Identification Qualifier									
2200E	REF02		Claim Identification Number for Clearinghouses and Other Transmission Intermediaries									
2200E	AMT02		Total Claim Charge Amount	Maximum length note was added to be 11 characters including the decimal.								

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocated	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2200E	DTP01	472	DTP Qualifier	Code value 232 was deleted. Code value 472 was added.								
2200E	DTP02	List	DTP Format Qualifier	Code value D8 was added.								
2210E	SVC01-1	List	Product/Service ID Qualifier	Code values CI, ID, N1, N2, N3, ND, NH and RB were deleted. Code values ER, HP and WK were added.								
2210E	SVC07		Units of Service Count	Changed from Situational to Required.								
2210E	REF02		Line Item Control Number	Min/Max changed from 1/30 to 1/50.								
2210E	DTP02	List	DTP Format Qualifier	Code value D8 was added.								

New Content Report





5010 Gap Analysis Claim Status Request X212 New Content



Items in Red are flagged as Transition Challenges

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Repetition Separator	Changed from Interchange Control Standard ID to Repetition Separator	Header	ISA11	^	R
Implementation Convention Reference	Added to X12 Standard. Changed from Not Used to Required.	Header	ST03	005010X212	R
Reference Identification	Changed from Not Used to Required.	Header	BHT03		R
Transaction Set Creation Time	Changed from Not Used to Required.	Header	BHT05		R
Standard Unique Health Identifier		2100D	NM109	II	R
Reference Identification Qualifier		2200D	REF01	EJ	R
Patient Control Number		2200D	REF02		R
Reference Identification Qualifier		2200D	REF01	XZ	R
Pharmacy Prescription Number		2200D	REF02		R
Reference Identification Qualifier		2200D	REF01	D9	R
Claim Identification Number for Clearinghouses and Other Transmission Intermediaries		2200D	REF02		R
Reference Identification Qualifier		2200E	REF01	LU	R
Application or Location System Identifier		2200E	REF02		R
Reference Identification Qualifier		2200E	REF01	6P	R
Group Number		2200E	REF02		R
Reference Identification Qualifier		2200E	REF01	EJ	R
Patient Control Number		2200E	REF02		R
Reference Identification Qualifier		2200E	REF01	XZ	R

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Pharmacy Prescription Number		2200E	REF02		R
Reference Identification Qualifier		2200E	REF01	D9	R
Claim Identification Number for Clearinghouses and Other Transmission Intermediaries		2200E	REF02		R

Deleted Content Report





5010 Gap Analysis Claim Status Request X212 Deleted Content



Items in Red are flagged as Transition Challenges

Description	Loop	Segment	Qualifier
Health Industry Number (HIN)	2100A	NM109	21
Blue Cross Blue Shield Association Plan Code	2100A	NM109	AD
Federal Taxpayer's Identification Number	2100A	NM109	FI
NAIC Number	2100A	NM109	NI
Pharmacy Processor Number	2100A	NM109	PP
Contact Function Code	2100A	PER01	IC
Contact Name	2100A	PER02	
Communication Number qualifier	2100A	PER03	List
Electronic Data Interchange Access Number	2100A	PER04	ED
E-mail	2100A	PER04	EM
Telephone Number	2100A	PER04	TE
Communication Number qualifier	2100A	PER05	
Telephone Extension	2100A	PER06	EX
Communication Number qualifier	2100A	PER07	
Telephone Extension	2100A	PER08	EX
FAX	2100A	PER08	FX
Information Receiver Name Prefix	2100B	NM106	
Information Receiver Name Suffix	2100B	NM107	
Federal Taxpayer's Identification Number	2100B	NM109	FI
NPI	2100B	NM109	XX

Description	Loop	Segment	Qualifier
Provider Name Prefix	2100C	NM106	
Subscriber Name Prefix	2100D	NM106	
Mutually Defined	2100D	NM109	ZZ
Reference Identification Qualifier	2200D	REF01	EA
Medical Record Number	2200D	REF02	
Location Number	2200D	REF02	LU
Patient Name Prefix	2100E	NM106	
Identification Code Qualifier	2100E	NM108	List
Patient Primary Identifier	2100E	NM109	
Member Identification Number	2100E	NM109	MI
Mutually Defined	2100E	NM109	ZZ
Reference Identification Qualifier	2200E	REF01	EA
Medical Record Number	2200E	REF02	

Use Change Report



emdeon®



5010 Gap Analysis Claim Status Request X212 TR3 Use Changes



Items in Red are flagged as Transition Challenges.

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Implementation Convention Reference	Added to X12 Standard. Changed from Not Used to Required.	Header	ST03	005010X212	R
Reference Identification	Changed from Not Used to Required.	Header	BHT03		R
Transaction Set Creation Time	Changed from Not Used to Required.	Header	BHT05		R
LOOP ID 2100A INFORMATION SOURCE NAME	Repeat changed from R>1 to R-1.	2100A			R-1
LOOP ID 2100B INFORMATION RECEIVER NAME	Repeat changed from R>1 to R-1.	2100B			R-1
Information Receiver Last Name	Changed from Required to Situational. Min/Max changed from 1/35 to 1/60.	2100B	NM103		S
Information Receiver Organization Name	Changed from Required to Situational. Min/Max changed from 1/35 to 1/60.	2100B	NM103		S
LOOP ID 2100C SERVICE PROVIDER NAME INFORMATION	Repeat changed from R>1 to R-2.	2100C			R-2
Provider Last Name	Changed from Required to Situational. Min/Max changed from 1/35 to 1/60.	2100C	NM103		S
Provider Organization Name	Changed from Required to Situational. Min/Max changed from 1/35 to 1/60.	2100C	NM103		S
Subscriber Gender Code	Changed from Required to Situational. Code value U was deleted.	2000D	DMG03	List	S
Original Units of Service Count	Changed from Situational to Required.	2210D	SVC07		R
Patient Gender Code	Changed from Required to Situational. Code value U was deleted.	2000E	DMG03	List	S
Units of Service Count	Changed from Situational to Required.	2210E	SVC07		R

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
SERVICE LINE DATE	Changed from Situational to Required.	2210E	DTP		R-1

Sizing Change Report





5010 Gap Analysis Claim Status Request X212 X12 Sizing Changes



Items in Red are flagged as Transition Challenges

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Payer Name	Min/Max changed from 1/35 to 1/60.	2100A	NM103		R
Information Receiver Last Name	Changed from Required to Situational. Min/Max changed from 1/35 to 1/60.	2100B	NM103		S
Information Receiver Organization Name	Changed from Required to Situational. Min/Max changed from 1/35 to 1/60.	2100B	NM103		S
Information Receiver First Name	Min/Max changed from 1/25 to 1/35	2100B	NM104		S
Provider Last Name	Changed from Required to Situational. Min/Max changed from 1/35 to 1/60.	2100C	NM103		S
Provider Organization Name	Changed from Required to Situational. Min/Max changed from 1/35 to 1/60.	2100C	NM103		S
Provider First Name	Min/Max changed from 1/25 to 1/35.	2100C	NM104		S
Subscriber Last Name	Min/Max changed from 1/35 to 1/60.	2100D	NM103		R
Subscriber Organization Name	Min/Max changed from 1/35 to 1/60.	2100D	NM103		R
Subscriber First Name	Min/Max changed from 1/25 to 1/35.	2100D	NM104		S
Current Transaction Trace Number	Min/Max changed from 1/30 to 1/50.	2200D	TRN02		R
Payer Claim Control Number	Min/Max changed from 1/30 to 1/50.	2200D	REF02		R
Bill Type Identifier	Min/Max changed from 1/30 to 1/50.	2200D	REF02		R
Reference Identification	Min/Max changed from 1/30 to 1/50.	2200D	REF02		R
Reference Identification	Min/Max changed from 1/30 to 1/50.	2200D	REF02		R
Total Claim Charge Amount	Maximum length note was added to be 11 characters including the decimal.	2200D	AMT02		R
Line Item Control Number	Min/Max changed from 1/30 to 1/50.	2210D	REF02		R

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Patient Last Name	Min/Max changed from 1/35 to 1/60.	2100E	NM103		R
Patient First Name	Min/Max changed from 1/25 to 1/35.	2100E	NM104		S
Current Transaction Trace Number	Min/Max changed from 1/30 to 1/50.	2200E	TRN02		R
Payer Claim Control Number	Min/Max changed from 1/30 to 1/50.	2200E	REF02		R
Bill Type Identifier	Min/Max changed from 1/30 to 1/50.	2200E	REF02		R
Total Claim Charge Amount	Maximum length note was added to be 11 characters including the decimal.	2200E	AMT02		R
Line Item Control Number	Min/Max changed from 1/30 to 1/50.	2210E	REF02		R

Code Value Change Report





5010 Gap Analysis Claim Status Request X212 Code Changes



Items in Red are flagged as Transition Challenges.

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Identification Code Qualifier	Code values 21, AD, FI NI and PP were deleted.	2100A	NM108	List	R
Identification Code Qualifier	Code values FI and XX were deleted.	2100B	NM108	List	R
Subscriber Gender Code	Changed from Required to Situational. Code value U was deleted.	2000D	DMG03	List	S
Name Qualifier	Code value QC was deleted.	2100D	NM101	IL	R
Identification Code Qualifier	Code value ZZ was deleted. Code value II was added.	2100D	NM108	List	R
Reference Identification Qualifier	Code value LU was deleted.	2200D	REF01	List	R
DTP Qualifier	Code value 232 was deleted. Code value 472 was added.	2200D	DTP01	472	R
DTP Format Qualifier	Code value D8 was added.	2200D	DTP02	List	R
Product/Service ID Qualifier	Code values CI, ID, N1, N2, N3, ND, NH and RB were deleted. Code values ER, HP and WK were added.	2210D	SVC01-1	List	R
DTP Format Qualifier	Code value D8 was added.	2210D	DTP02	List	R
Patient Gender Code	Changed from Required to Situational. Code value U was deleted.	2000E	DMG03	List	S
DTP Qualifier	Code value 232 was deleted. Code value 472 was added.	2200E	DTP01	472	R
DTP Format Qualifier	Code value D8 was added.	2200E	DTP02	List	R
Product/Service ID Qualifier	Code values CI, ID, N1, N2, N3, ND, NH and RB were deleted. Code values ER, HP and WK were added.	2210E	SVC01-1	List	R
DTP Format Qualifier	Code value D8 was added.	2210E	DTP02	List	R

Overall Gap Analysis Report





5010 Gap Analysis Claim Status Response X212 Gap Analysis

Items in Red are flagged as Transition Challenges.

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocated	TR3 Use	Code	Qualifier	X12 Use	X12 Size
Header	ISA11	^	Repetition Separator	Changed from Interchange Control Standard ID to Repetition Separator								
Header	ST03	005010X212	Implementation Convention Reference	Added to X12 Standard. Changed from Not Used to Required.								
Header	BHT03		Reference Identification	Min/Max changed from 1/30 to 1/50								
Header	BHT05		Transaction Set Creation Time	Changed from Not Used to Required.								
2100A	NM103		Payer Organization Name	Min/Max changed from 1/35 to 1/60.								
2100A	NM108	List	Identification Code Qualifier	Code values 21, AD, FI, NI and PP were deleted.								
2100A	NM109	21	Payer Health Industry Number									
2100A	NM109	AD	Payer Blue Cross Blue Shield Association Plan Code									
2100A	NM109	FI	Payer Federal Taxpayer's Identification Number									
2100A	NM109	NI	Payer NAIC Number									
2100A	NM109	PP	Payer Pharmacy Processor Number									
2100A	PER03	List	Communication Number Qualifier	Code value FX was added.								
2100A	PER05	List	Communication Number Qualifier	Code value ED, EM, FX and TE were added.								
2100A	PER07	List	Communication Number Qualifier	Code value ED, EM and TE were added.								
2000B	HL04	List	Hierarchical Child Code	Code value 0 was added. The use of '0' is required when rejecting the status request for errors at the Information Source or Information Receiver levels.								
2100B	NM103		Submitter Last Name	Changed from Required to Situational. Min/Max changed from 1/35 to 1/60.								
2100B	NM103		Submitter Organization Name	Changed from Required to Situational. Min/Max changed from 1/35 to 1/60.								

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocated	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2100B	NM104		Submitter First Name	Min/Max changed from 1/25 to 1/35.								
2100B	NM106		Submitter Name Prefix	Changed from Situational to Not Used.		■		■				
2100B	NM107		Submitter Name Suffix	Changed from Situational to Not Used.		■		■				
2100B	NM108	List	Identification Code Qualifier	Code value FI and XX were deleted.						■		
2100B	NM109	FI	Submitter Federal Taxpayer's Identification Number			■						
2100B	NM109	XX	Submitter NPI			■						
2200B	TRN01	2	Trace Type Code		■							
2200B	TRN02		Claim Transaction Batch Number		■							
2200B	STC01		Health Care Claim Status		■							
2200B	STC01-1		Health Care Claim Status Category Code		■							
2200B	STC01-2		Status Code		■							
2200B	STC01-3	List	Entity Identifier Code		■							
2200B	STC02		Status Information Effective Date		■							
2200B	STC10		Health Care Claim Status		■							
2200B	STC10-1		Health Care Claim Status Category Code		■							
2200B	STC10-2		Status Code		■							
2200B	STC10-3		Entity Identifier Code		■							
2200B	STC11		Health Care Claim Status		■							
2200B	STC11-1		Health Care Claim Status Category Code		■							
2200B	STC11-2		Status Code		■							
2200B	STC11-3		Entity Identifier Code		■							
2000C	HL04	List	Hierarchical Child Code	Code value 0 was added. Code value '0' is required when rejecting the claims status requests for errors at the provider level.					■			
2100C	NM103		Provider Last Name	Changed from Required to Situational. Min/Max changed from 1/35 to 1/60.				■				■
2100C	NM103		Provider Organization Name	Changed from Required to Situational. Min/Max changed from 1/35 to 1/60.				■				■

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocated	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2100C	NM104		Provider First Name	Min/Max changed from 1/25 to 1/35.								
2100C	NM106		Provide Name Prefix	Changed from Situational to Not Used.								
2200C	TRN01	1	Trace Type Code									
2200C	TRN02		Reference identification									
2200C	STC01		Health Care Claim Status									
2200C	STC01-1		Health Care Claim Status Category Code									
2200C	STC01-2		Status Code									
2200C	STC01-3	1P	Entity Identifier Code									
2200C	STC02		Status Information Effective Date									
2200C	STC10		Health Care Claim Status									
2200C	STC10-1		Health Care Claim Status Category Code									
2200C	STC10-2		Status Code									
2200C	STC10-3		Entity Identifier Code									
2200C	STC11		Health Care Claim Status									
2200C	STC11-1		Health Care Claim Status Category Code									
2200C	STC11-2		Status Code									
2200C	STC11-3		Entity Identifier Code									
2000D	DMG01	D8	Date Time Period Format Qualifier									
2000D	DMG02		Subscriber Birth Date									
2000D	DMG03	List	Subscriber Gender Code									
2100D	NM101	IL	Entity Identifier Code	Code value QC was deleted.								
2100D	NM103		Subscriber Last Name	Min/Max changed from 1/35 to 1/60.								
2100D	NM103		Subscriber Organization Name	Min/Max changed from 1/35 to 1/60.								
2100D	NM104		Subscriber First Name	Min/Max changed from 1/25 to 1/35.								
2100D	NM106		Subscriber Name Prefix	Changed from Situational to Not Used.								

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocated	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2100D	NM108	List	Identification Code Qualifier	Code value ZZ was deleted Code value II was added.								
2100D	NM109	II	Subscriber Standard Unique Health Identifier									
2100D	NM109	ZZ	Mutually Defined									
2200D	TRN02		Referenced Transaction Trace Number	Min/Max changed from 1/30 to 1/50								
2200D	STC01-3	List	Entity Identifier Code	Code values 03, 2D, MSC, PRP, SEP, TL and TTP were added.								
2200D	STC01-4	RX	Code List Qualifier Code	This data element was added to support Pharmacy related rejection or payment codes reported in STC01-2								
2200D	STC04		Total Claim Charge Amount	Changed from Required to Situational. Maximum length note was added to be 11 characters including the decimal.								
2200D	STC05		Claim Payment Amount	Changed from Required to Situational. Maximum length note was added to be 11 characters including the decimal.								
2200D	STC07	List	Payment Method Code	Changed from Situational to Not Used.								
2200D	STC10-4	RX	Code List Qualifier Code	This data element was added to support Pharmacy related rejection or payment codes reported in STC01-2								
2200D	STC11-4	RX	Code List Qualifier Code	This data element was added to support Pharmacy related rejection or payment codes reported in STC01-2								
2200D	REF02		Payer Claim Control Number	Min/Max changed from 1/30 to 1/50								
2200D	REF02		Bill Type Identifier	Min/Max changed from 1/30 to 1/50								
2200D	REF01	EJ	Reference Identification Qualifier									
2200D	REF02		Patient Control Number									
2200D	REF01	XZ	Reference Identification Qualifier									
2200D	REF02		Pharmacy Prescription Number									
2200D	REF01	VV	Reference Identification Qualifier									
2200D	REF02		Voucher Identifier									
2200D	REF01	D9	Reference Identification Qualifier									
2200D	REF02		Clearinghouse Trace Number									
2200D	REF01	EA	Reference Identification Qualifier									

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocated	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2200D	REF02		Medical Record Number									
2200D	DTP01	472	Date/Time Qualifier	Code value 232 was deleted. Code value 472 was added.								
2200D	DTP02	List	Date Time Period Format Qualifier	Code value D8 was added.								
2220D	SVC01-1	List	Product/Service ID Qualifier	Code value CI, ID, N1, N2, N3, ND, NH and RB were deleted. Code value ER, HP and WK were added.								
2220D	SVC02		Line Item Charge Amount	Maximum length note was added to be 11 characters including the decimal.								
2220D	SVC03		Line Item Provider Payment Amount	Maximum length note was added to be 11 characters including the decimal.								
2220D	SVC07		Units of Service Count	Changed from Situational to Required.								
2220D	STC01-3	List	Entity Identifier Code	Code values 03, 2D, MSC, PRP, SEP, TL and TTP were added.								
2220D	STC01-4	RX	Code List Qualifier Code	This data element was added to support Pharmacy related rejection or payment codes reported in STC01-2								
2220D	STC04		Line Item Charge Amount	Changed from Situational to Not Used.								
2220D	STC05		Line Item Provider Payment Amount	Changed from Situational to Not Used.								
2220D	STC10-4	RX	Code List Qualifier Code	This data element was added to support Pharmacy related rejection or payment codes reported in STC01-2								
2220D	STC11-4	RX	Code List Qualifier Code	This data element was added to support Pharmacy related rejection or payment codes reported in STC01-2								
2220D	REF02		Line Item Control Number	Min/Max changed from 1/30 to 1/50								
2220D	DTP02	List	Date Time Period Format Qualifier	Code value D8 was added.								
2000E	DMG01	D8	Date Time Period Format Qualifier	Changed from Required to Not Used.								
2000E	DMG02		Patient Birth date	Changed from Required to Not Used.								
2000E	DMG03	List	Patient Gender Code	Changed from Required to Not Used.								
2100E	NM103		Patient Last Name	Min/Max changed from 1/35 to 1/60.								
2100E	NM104		Patient First Name	Min/Max changed from 1/25 to 1/35.								
2100E	NM106		Patient Name Prefix	Changed from Situational to Not Used.								
2100E	NM108	List	Identification Code Qualifier	Changed from Situational to Not Used.								

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocated	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2100E	NM109		Patient Primary Identifier	Changed from Situational to Not Used.								
2100E	NM109	MI	Patient Member Identification Number	Changed from Situational to Not Used.								
2100E	NM109	ZZ	Mutually Defined	Changed from Situational to Not Used.								
2200E	TRN02		Referenced Transaction Trace Number	Min/Max changed from 1/30 to 1/50								
2200E	STC01-3	List	Entity Identifier Code	Code values 03, 2D, MSC, PRP, SEP, TL and TTP were added.								
2200E	STC01-4	RX	Code List Qualifier Code	This data element was added to support Pharmacy related rejection or payment codes reported in STC01-2								
2200E	STC04		Total Claim Charge Amount	Changed from Required to Situational. Maximum length note was added to be 11 characters including the decimal.								
2200E	STC05		Claim Payment Amount	Changed from Required to Situational. Maximum length note was added to be 11 characters including the decimal.								
2200E	STC07		Payment Method Code	Changed from Situational to Not Used.								
2200E	STC10-4	RX	Code List Qualifier Code	This data element was added to support Pharmacy related rejection or payment codes reported in STC01-2								
2200E	STC11-4	RX	Code List Qualifier Code	This data element was added to support Pharmacy related rejection or payment codes reported in STC01-2								
2200E	REF02		Payer Claim Control Number	Min/Max changed from 1/30 to 1/50								
2200E	REF02		Bill Type Identifier	Min/Max changed from 1/30 to 1/50								
2200E	REF01	EJ	Reference Identification Qualifier									
2200E	REF02		Patient Control Number									
2200E	REF01	XZ	Reference Identification Qualifier									
2200E	REF02		Pharmacy Prescription Number									
2200E	REF01	VV	Reference Identification Qualifier									
2200E	REF02		Voucher Identifier									
2200E	REF01	D9	Reference Identification Qualifier									
2200E	REF02		Clearinghouse Trace Number									
2200E	REF01	EA	Reference Identification Qualifier									

Loop	Segment	Qualifier	Description	Change Comment	New	Deleted	Relocated	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2200E	REF02		Medical Record Number									
2200E	DTP01	232	Date/Time Qualifier	Code value 232 was deleted. Code value 472 was added.								
2200E	DTP02	List	Date Time Period Format Qualifier	Code value D8 was added.								
2220E	SVC01-1	List	Product/Service ID Qualifier	Code value CI, ID, N1, N2, N3, ND, NH and RB were deleted. Code value ER, HP and WK were added.								
2220E	SVC02		Line Item Charge Amount	Maximum length note was added to be 11 characters including the decimal.								
2220E	SVC03		Line Item Provider Payment Amount	Maximum length note was added to be 11 characters including the decimal.								
2220E	SVC07		Original Units of Service Count	Changed from Situational to Required.								
2220E	STC01-3	List	Entity Identifier Code	Code values 03, 2D, MSC, PRP, SEP, TL and TTP were added.								
2220E	STC01-4	RX	Code List Qualifier Code	This data element was added to support Pharmacy related rejection or payment codes reported in STC01-2								
2220E	STC04		Line Item Charge Amount	Changed from Situational to Not Used.								
2220E	STC05		Line Item Provider Payment Amount	Changed from Situational to Not Used.								
2220E	STC10-4	RX	Code List Qualifier Code	This data element was added to support Pharmacy related rejection or payment codes reported in STC01-2								
2220E	STC11-4	RX	Code List Qualifier Code	This data element was added to support Pharmacy related rejection or payment codes reported in STC01-2								
2220E	REF02		Line Item Control Number	Min/Max changed from 1/30 to 1/50								
2220E	DTP02	List	Date Time Period Format Qualifier	Code value D8 was added.								

New Content Report





5010 Gap Analysis Claim Status Response X212 New Content



Items in Red are flagged as Transition Challenges

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Repetition Separator	Changed from Interchange Control Standard ID to Repetition Separator	Header	ISA11	^	R
Implementation Convention Reference	Added to X12 Standard. Changed from Not Used to Required.	Header	ST03	005010X212	R
Transaction Set Creation Time	Changed from Not Used to Required.	Header	BHT05		R
Trace Type Code		2200B	TRN01	2	R
Claim Transaction Batch Number		2200B	TRN02		R
Health Care Claim Status		2200B	STC01		R
Health Care Claim Status Category Code		2200B	STC01-1		R
Status Code		2200B	STC01-2		R
Entity Identifier Code		2200B	STC01-3	List	S
Status Information Effective Date		2200B	STC02		R
Health Care Claim Status		2200B	STC10		S
Health Care Claim Status Category Code		2200B	STC10-1		R
Status Code		2200B	STC10-2		R
Entity Identifier Code		2200B	STC10-3		S
Health Care Claim Status		2200B	STC11		S
Health Care Claim Status Category Code		2200B	STC11-1		R
Status Code		2200B	STC11-2		R
Entity Identifier Code		2200B	STC11-3		S
Trace Type Code		2200C	TRN01	1	R

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Reference identification		2200C	TRN02		R
Health Care Claim Status		2200C	STC01		R
Health Care Claim Status Category Code		2200C	STC01-1		R
Status Code		2200C	STC01-2		R
Entity Identifier Code		2200C	STC01-3	1P	S
Status Information Effective Date		2200C	STC02		R
Health Care Claim Status		2200C	STC10		S
Health Care Claim Status Category Code		2200C	STC10-1		R
Status Code		2200C	STC10-2		R
Entity Identifier Code		2200C	STC10-3		S
Health Care Claim Status		2200C	STC11		S
Health Care Claim Status Category Code		2200C	STC11-1		R
Status Code		2200C	STC11-2		R
Entity Identifier Code		2200C	STC11-3		S
Subscriber Standard Unique Health Identifier		2100D	NM109	II	R
Code List Qualifier Code	This data element was added to support Pharmacy related rejection or payment codes reported in STC01-2	2200D	STC01-4	RX	S
Code List Qualifier Code	This data element was added to support Pharmacy related rejection or payment codes reported in STC01-2	2200D	STC10-4	RX	S
Code List Qualifier Code	This data element was added to support Pharmacy related rejection or payment codes reported in STC01-2	2200D	STC11-4	RX	S
Reference Identification Qualifier		2200D	REF01	EJ	R
Patient Control Number		2200D	REF02		R
Reference Identification Qualifier		2200D	REF01	XZ	R
Pharmacy Prescription Number		2200D	REF02		R

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Reference Identification Qualifier		2200D	REF01	VV	R
Voucher Identifier		2200D	REF02		R
Reference Identification Qualifier		2200D	REF01	D9	R
Clearinghouse Trace Number		2200D	REF02		R
Code List Qualifier Code	This data element was added to support Pharmacy related rejection or payment codes reported in STC01-2	2220D	STC01-4	RX	S
Code List Qualifier Code	This data element was added to support Pharmacy related rejection or payment codes reported in STC01-2	2220D	STC10-4	RX	S
Code List Qualifier Code	This data element was added to support Pharmacy related rejection or payment codes reported in STC01-2	2220D	STC11-4	RX	S
Code List Qualifier Code	This data element was added to support Pharmacy related rejection or payment codes reported in STC01-2	2200E	STC01-4	RX	S
Code List Qualifier Code	This data element was added to support Pharmacy related rejection or payment codes reported in STC01-2	2200E	STC10-4	RX	S
Code List Qualifier Code	This data element was added to support Pharmacy related rejection or payment codes reported in STC01-2	2200E	STC11-4	RX	S
Reference Identification Qualifier		2200E	REF01	EJ	R
Patient Control Number		2200E	REF02		R
Reference Identification Qualifier		2200E	REF01	XZ	R
Pharmacy Prescription Number		2200E	REF02		R
Reference Identification Qualifier		2200E	REF01	VV	R
Voucher Identifier		2200E	REF02		R
Reference Identification Qualifier		2200E	REF01	D9	R
Clearinghouse Trace Number		2200E	REF02		R
Code List Qualifier Code	This data element was added to support Pharmacy related rejection or payment codes reported in STC01-2	2220E	STC01-4	RX	S
Code List Qualifier Code	This data element was added to support Pharmacy related rejection or payment codes reported in STC01-2	2220E	STC10-4	RX	S

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Code List Qualifier Code	This data element was added to support Pharmacy related rejection or payment codes reported in STC01-2	2220E	STC11-4	RX	S

Deleted Content Report





5010 Gap Analysis Claim Status Response X212 Deleted Content



Items in Red are flagged as Transition Challenges

Description	Loop	Segment	Qualifier
Payer Health Industry Number	2100A	NM109	21
Payer Blue Cross Blue Shield Association Plan Code	2100A	NM109	AD
Payer Federal Taxpayer's Identification Number	2100A	NM109	FI
Payer NAIC Number	2100A	NM109	NI
Payer Pharmacy Processor Number	2100A	NM109	PP
Submitter Name Prefix	2100B	NM106	
Submitter Name Suffix	2100B	NM107	
Submitter Federal Taxpayer's Identification Number	2100B	NM109	FI
Submitter NPI	2100B	NM109	XX
Provide Name Prefix	2100C	NM106	
Date Time Period Format Qualifier	2000D	DMG01	D8
Subscriber Birth Date	2000D	DMG02	
Subscriber Gender Code	2000D	DMG03	List
Subscriber Name Prefix	2100D	NM106	
Mutually Defined	2100D	NM109	ZZ
Payment Method Code	2200D	STC07	List
Reference Identification Qualifier	2200D	REF01	EA
Medical Record Number	2200D	REF02	
Line Item Charge Amount	2220D	STC04	
Line Item Provider Payment Amount	2220D	STC05	

Description	Loop	Segment	Qualifier
Date Time Period Format Qualifier	2000E	DMG01	D8
Patient Birth date	2000E	DMG02	
Patient Gender Code	2000E	DMG03	List
Patient Name Prefix	2100E	NM106	
Identification Code Qualifier	2100E	NM108	List
Patient Primary Identifier	2100E	NM109	
Patient Member Identification Number	2100E	NM109	MI
Mutually Defined	2100E	NM109	ZZ
Payment Method Code	2200E	STC07	
Reference Identification Qualifier	2200E	REF01	EA
Medical Record Number	2200E	REF02	
Line Item Charge Amount	2220E	STC04	
Line Item Provider Payment Amount	2220E	STC05	

Use Change Report



emdeon®



5010 Gap Analysis Claim Status Response X212 TR3 Use Changes



Items in Red are flagged as Transition Challenges

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Transaction Set Creation Time	Changed from Not Used to Required.	Header	BHT05		R
LOOP ID 2100A PAYER NAME	Repeat changed from R>1 to R-1.	2100A			R-1
LOOP ID 2100B INFORMATION RECEIVER NAME	Repeat changed from R>1 to R-1.	2100B			R-1
Submitter Last Name	Changed from Required to Situational. Min/Max changed from 1/35 to 1/60.	2100B	NM103		S
Submitter Organization Name	Changed from Required to Situational. Min/Max changed from 1/35 to 1/60.	2100B	NM103		S
LOOP ID 2000C SERVICE PROVIDER	Repeat changed from R>1 to S>1.	2000C			S>1
SERVICE PROVIDER LEVEL	Repeat changed from R-1 to S-1.	2000C	HL		S-1
LOOP ID 2100C PROVIDER NAME	Repeat changed from R>1 to R-2.	2100C			R-2
Provider Last Name	Changed from Required to Situational. Min/Max changed from 1/35 to 1/60.	2100C	NM103		S
Provider Organization Name	Changed from Required to Situational. Min/Max changed from 1/35 to 1/60.	2100C	NM103		S
LOOP ID 2000D SUBSCRIBER INFORMATION	Repeat changed from R>1 to S>1.	2000D			S>1
SUBSCRIBER LEVEL	Repeat changed from R-1 to S-1.	2000D	HL		S-1
CLAIM LEVEL STATUS INFORMATION	Repeat changed from R-1 to R>1.	2200D	STC		R>1
Total Claim Charge Amount	Changed from Required to Situational. Maximum length note was added to be 11 characters including the decimal.	2200D	STC04		S

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Claim Payment Amount	Changed from Required to Situational. Maximum length note was added to be 11 characters including the decimal.	2200D	STC05		S
Units of Service Count	Changed from Situational to Required.	2220D	SVC07		R
SERVICE LINE STATUS INFORMATION	Repeat changed from S-1 to S>1.	2220D	STC		S>1
SERVICE LINE DATE	Repeat changed from S-1 to R-1.	2220D	DTP		R-1
Total Claim Charge Amount	Changed from Required to Situational. Maximum length note was added to be 11 characters including the decimal.	2200E	STC04		S
Claim Payment Amount	Changed from Required to Situational. Maximum length note was added to be 11 characters including the decimal.	2200E	STC05		S
Original Units of Service Count	Changed from Situational to Required.	2220E	SVC07		R
SERVICE LINE STATUS INFORMATION	Repeat changed from S-1 to R>1.	2220E	STC		R>1
SERVICE LINE DATE	Changed from Situational to Required.	2220E	DTP		R-1

Sizing Change Report





5010 Gap Analysis Claim Status Response X212 X12 Sizing Changes



Items in Red are flagged as Transition Challenges

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Reference Identification	Min/Max changed from 1/30 to 1/50	Header	BHT03		R
Payer Organization Name	Min/Max changed from 1/35 to 1/60.	2100A	NM103		R
Submitter Last Name	Changed from Required to Situational. Min/Max changed from 1/35 to 1/60.	2100B	NM103		S
Submitter Organization Name	Changed from Required to Situational. Min/Max changed from 1/35 to 1/60.	2100B	NM103		S
Submitter First Name	Min/Max changed from 1/25 to 1/35.	2100B	NM104		S
Provider Last Name	Changed from Required to Situational. Min/Max changed from 1/35 to 1/60.	2100C	NM103		S
Provider Organization Name	Changed from Required to Situational. Min/Max changed from 1/35 to 1/60.	2100C	NM103		S
Provider First Name	Min/Max changed from 1/25 to 1/35.	2100C	NM104		S
Subscriber Last Name	Min/Max changed from 1/35 to 1/60.	2100D	NM103		R
Subscriber Organization Name	Min/Max changed from 1/35 to 1/60.	2100D	NM103		R
Subscriber First Name	Min/Max changed from 1/25 to 1/35.	2100D	NM104		S
Referenced Transaction Trace Number	Min/Max changed from 1/30 to 1/50	2200D	TRN02		R
Total Claim Charge Amount	Changed from Required to Situational. Maximum length note was added to be 11 characters including the decimal.	2200D	STC04		S
Claim Payment Amount	Changed from Required to Situational. Maximum length note was added to be 11 characters including the decimal.	2200D	STC05		S
Payer Claim Control Number	Min/Max changed from 1/30 to 1/50	2200D	REF02		R

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Bill Type Identifier	Min/Max changed from 1/30 to 1/50	2200D	REF02		R
Line Item Charge Amount	Maximum length note was added to be 11 characters including the decimal.	2220D	SVC02		R
Line Item Provider Payment Amount	Maximum length note was added to be 11 characters including the decimal.	2220D	SVC03		R
Line Item Control Number	Min/Max changed from 1/30 to 1/50	2220D	REF02		R
Patient Last Name	Min/Max changed from 1/35 to 1/60.	2100E	NM103		R
Patient First Name	Min/Max changed from 1/25 to 1/35.	2100E	NM104		S
Referenced Transaction Trace Number	Min/Max changed from 1/30 to 1/50	2200E	TRN02		R
Total Claim Charge Amount	Changed from Required to Situational. Maximum length note was added to be 11 characters including the decimal.	2200E	STC04		S
Claim Payment Amount	Changed from Required to Situational. Maximum length note was added to be 11 characters including the decimal.	2200E	STC05		S
Payer Claim Control Number	Min/Max changed from 1/30 to 1/50	2200E	REF02		R
Bill Type Identifier	Min/Max changed from 1/30 to 1/50	2200E	REF02		R
Line Item Charge Amount	Maximum length note was added to be 11 characters including the decimal.	2220E	SVC02		R
Line Item Provider Payment Amount	Maximum length note was added to be 11 characters including the decimal.	2220E	SVC03		R
Line Item Control Number	Min/Max changed from 1/30 to 1/50	2220E	REF02		R

Code Value Change Report





5010 Gap Analysis Claim Status Response X212 Code Changes



Items in Red are flagged as Transition Challenges

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Identification Code Qualifier	Code values 21, AD, FI, NI and PP were deleted.	2100A	NM108	List	R
Communication Number Qualifier	Code value FX was added.	2100A	PER03	List	R
Communication Number Qualifier	Code value ED, EM, FX and TE were added.	2100A	PER05	List	S
Communication Number Qualifier	Code value ED, EM and TE were added.	2100A	PER07	List	S
Hierarchical Child Code	Code value 0 was added. The use of '0' is required when rejecting the status request for errors at the Information Source or Information Receiver	2000B	HL04	List	R
Identification Code Qualifier	Code value FI and XX were deleted.	2100B	NM108	List	R
Hierarchical Child Code	Code value 0 was added. Code value '0' is required when rejecting the claims status requests for errors at the provider level.	2000C	HL04	List	R
Entity Identifier Code	Code value QC was deleted.	2100D	NM101	IL	R
Identification Code Qualifier	Code value ZZ was deleted Code value II was added.	2100D	NM108	List	R
Entity Identifier Code	Code values 03, 2D, MSC, PRP, SEP, TL and TTP were added.	2200D	STC01-3	List	S
Date/Time Qualifier	Code value 232 was deleted. Code value 472 was added.	2200D	DTP01	472	R
Date Time Period Format Qualifier	Code value D8 was added.	2200D	DTP02	List	R
Product/Service ID Qualifier	Code value CI, ID, N1, N2, N3, ND, NH and RB were deleted. Code value ER, HP and WK were added.	2220D	SVC01-1	List	R
Entity Identifier Code	Code values 03, 2D, MSC, PRP, SEP, TL and TTP were added.	2220D	STC01-3	List	S
Date Time Period Format Qualifier	Code value D8 was added.	2220D	DTP02	List	R
Entity Identifier Code	Code values 03, 2D, MSC, PRP, SEP, TL and TTP were added.	2200E	STC01-3	List	S

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Date/Time Qualifier	Code value 232 was deleted. Code value 472 was added.	2200E	DTP01	232	R
Date Time Period Format Qualifier	Code value D8 was added.	2200E	DTP02	List	R
Product/Service ID Qualifier	Code value CI, ID, N1, N2, N3, ND, NH and RB were deleted. Code value ER, HP and WK were added.	2220E	SVC01-1	List	R
Entity Identifier Code	Code values 03, 2D, MSC, PRP, SEP, TL and TTP were added.	2220E	STC01-3	List	S
Date Time Period Format Qualifier	Code value D8 was added.	2220E	DTP02	List	R