

# TIBCO Foresight® Instream®

## Release Notes

*Software Release 8.5.0*  
*July 2015*

Two-second advantage®



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# Release Notes for TIBCO Foresight® Instream®

## Release 8.5.0

Instream® automates transaction flow and validates transactions according to industry standards, organizational guidelines, and specific business rules.

We are pleased to offer you our newest version of Instream. Instream is available in two versions: **Instream Standard Edition** and **Instream Healthcare Edition**. Some information in this document pertains only to Instream Healthcare Edition and is noted appropriately.

We welcome all feedback. Please contact our Support Representatives by:

- E-mail: [support@tibco.com](mailto:support@tibco.com)
- Web: <https://support.tibco.com>

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## Important Information about Instream Release 8.5.0

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This section lists important information about the newest release of this product.

### API users

API users **must** recompile their API code for Instream 8.5.0.

### Download Documentation

The installation program no longer installs documentation.

Instream documentation is available on <https://docs.tibco.com/>. When Instream is installed, a /Doc directory is provided. You may wish to download your documentation to this directory for ease of access.

### License File Information

A license file is no longer required to use Instream.

### Code Tables

HIPAA code tables, which apply to Instream Healthcare Edition only, are updated with each release and as needed (see **Separate Code Table Updates** on page 44).

## New and Changed Features

Change	Details
Additional Guidelines Supported	See New and Changed Healthcare Guidelines (Non-HIPAA Mandated).
APF File Options	You can now add or remove characters from the default character set for a transaction set using a new parameter in the APF (Validation Profile) file, Analyzer Options section: <code>UserCharacterSet= (-) &lt;hexcharacter&gt;</code> Refer <b>APF.pdf</b> for more information.
Business Rules	Business Rules ValidateDateTimeX12 and ValidateTimeUN now include an option to set a <i>&lt;falseRule&gt;</i> to be executed if the time check fails. Refer to <b>BusinessRules.pdf</b> for more information.
Instream	Structure ID information was added for the newly supported guidelines. See New and Changed Healthcare Guidelines (Non-HIPAA Mandated) and <b>InstreamValidationTechnicalManual.pdf</b> .
Instream API	A new call has been added to the Java API. <b>updateMessage</b> is used to write Document Splitter and Data Exchange values output to memory. Refer to <b>InStreamAPI.pdf</b> for more information.
ISIServer	ISIServer has a new logging format. ISIServer can now be installed as a service. Refer <b>ISIServer.pdf</b> for more information.
Response Generator	The following parameters were added to Response Generator: <b>-diq &lt;on off&gt;</b> Sets a flag in the ISA14 element to notify the receiver that the sender is expecting a TA1 to be returned for the document. <b>-fno_AIS</b> When present, turns off GenerateAIS flag. <b>-fno_ung</b> When present, turns off functional group (UNG) data in EDIFACT CONTRL responses. <b>-fUseShortGS05</b> If present, GS05 is set to 4 characters (HHMM), instead of the default HHMMSS. Refer <b>ResponseGeneratorTechnicalManual.pdf</b> for more information.

Change	Details
	<p>Custom Reports were added for 278x215 and 278x216 transactions. Refer <b>ResponseGeneratorTechnicalManual.pdf</b> for more information.</p>
Trading Partner Automation	<p>Instream Trading Partner Administration has been updated with default Flat File values for various elements. Refer <b>InstreamTPAutomation.pdf</b> for information on creating trading partner lookup (.csv) files to define custom default values.</p>

## Demo Changes

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This section describes changes and additions to the demos provided with Instream. Refer to **Demo\_Index.pdf** for more information.

Nothing at this time.

## CCI Table Changes

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**Important:** CCI Tables apply only to Instream Healthcare Edition.

**Note:** Instream Release 8.5.0 includes changes originally contained in the following interim CCI Table Updates: 8.4.0.1 through 8.4.0.5.

Table	Updated to this Version/Date
CCI Tables	<p>CMS Version 21.2 of the CCI Tables through the period ending September 30, 2015.</p> <p>CMS Version 21.1 of the CCI Tables through the period ending June 30, 2015.</p> <p>CMS Version 21.0 of the CCI Tables through the period ending March 31, 2015.</p> <p>CMS Version 20.3 of the CCI Tables through the period ending December 30, 2014.</p>

## Code Table Changes

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**Important:** Code Tables apply only to Instream Healthcare Edition.

**Note:** Instream Release 8.5.0 includes changes originally contained in the following interim Code Table Updates: 8.4.0.1 through 8.4.0.15.

Code Table	Updated to this Version/Date
Adjustment Reason Codes	Jan 2014, Jun 2014, Jul 2014, November 2014, Jul 2015, Mar 2015, July 2015
CDT Codes	2015
Condition Codes	Apr 2015
CPT Codes	<p>January 2015</p> <p>Category III codes</p> <p>Category III code updates &amp; MAAA codes added</p>
CPT Modifiers	January 2015
DRG codes	October 2015
HCPCS	October 2014 (including MM8764.pdf), January 2015, Apr 2015, Jul 2015, April 2015
HCPCS Modifiers	MM8764.pdf, January 2015, April 2015, Jul 2015
ICD10Procedures	2016

<b>Code Table</b>	<b>Updated to this Version/Date</b>
InsAppErrorCodes	Insurance Application Error Codes - May be viewed on WPC website.
Language Codes	Updated NISO Z39.53 Language Code List
Language Names	Updated ISO 639-1; ISO 639-2; ISO 639-6 Added ISO 639-3 and ISO 639-5 Removed duplicates as needed.
LOINC Codes	Jan 2015
NAIC	July 2014, December 2014
Payment Codes	October 2014, May 2015
Remark Codes	March 2014, Jul 2014, November 2014, Mar 2015, July 2015
Report Type Codes	May 2015
Status Codes	Jan 2014, Jun 2014, November 2014
Taxonomy Codes	January 2014, July 2015 (See wpc-edi website for details.)
Zip codes	Jun 2014, Jul 2014, Aug 2014, Sept 2014, October 2014, November 2014, December 2014, Feb 2015, Mar 2015, Apr 2015, Jun 2015, Jul 2015



## Guideline Changes

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This section describes changes and additions to the HIPAA and Non-HIPAA guidelines provided with Instream. Refer to the documents **ForesightHIPAAguidelinelist.pdf** and **ForesightGeneralGuidelinelist.pdf**.

### New and Changed HIPAA Guidelines

Guideline	Change
HIPAA Guidelines 5010, Types 1-2, Errata	None at this time
HIPAA Guidelines 5010, Types 1-7, Errata	None at this time
HIPAA Guidelines PLUS 5010 Errata	The changes to the HIPAA guidelines listed in HIPAA Guidelines 5010, Types 1-7 Errata, are also included in the corresponding HIPAA "Guideline Plus" listed in this section.
X12-5010 before June 2010 Errata	Although still supported, these guidelines are no longer shipped with TIBCO Foresight products.

### New and Changed Healthcare Guidelines (Non-HIPAA Mandated)

Guideline	Change
275-X314 Health Care Claim or Encounter	This guideline has been added: 275-X314.std
275-X316 Health Care Services Review	This guideline has been added: 275-X316.std
277-X313 Health Care Claim Request for Additional Information	This guideline has been added: 277-X313.std
278X215I Health Care Services Review Information - Inquiry	This guideline has been added: 278X215I.std
278X215R Health Care Services Review Information - Response	This guideline has been added: 278X215R.std
278X216A Health Care Services Review Information - Acknowledgement	This guideline has been added: 278X216A.std
278X216N Health Care Services Review Information - Notification	This guideline has been added: 278X216N.std
5010-837X300 Dental, Post-Adjudication Claims Data Reporting	Guideline for Types 1-7 has been added: 5010-837X300.std
5010-837X299 Institutional, Post-Adjudication Claims Data Reporting	Guideline for Types 1-7 has been added: 5010-837X299.std
5010-837X298 Professional, Post-Adjudication Claims Data Reporting	Guideline for Types 1-7 has been added: 5010-837X298.std

Guideline	Change
HDMA-4010856 Healthcare Distribution Management Association (HDMA) 856 Advance Ship Notice	This guideline has been added: HDMA-4010856.std
NCPDP_PAH42 NCPDP Post-Adjudication 4.2	This guideline has been added: NCPDP_PAH42.std <b>Note:</b> To use this guideline a minimum of EDISIM 6.14.0 Hotfix 3 is required.

**No Future Guideline Changes**

See Appendix B for a listing of guidelines for which changes are no longer being incorporated.

## Guideline Updates

### *Important Note*

Instream Release 8.5.0 includes changes originally contained in Guideline Releases 8.4.0.1 through 8.4.0.8.

**Change #:** 7048

**Guideline(s):** 5010-837P.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.4 - Interim Update to Guidelines, October 2014

#### **Issue**

Error 40820 was generated when the State Code was missing but required in the 2010AA loop.

#### **Solution**

The edit that generated Error 40820 was retired and replaced with edit 41174.

#### **New error**

41174 The State or Province Code (N402) is required when address is within the United States or Canada.

#### **Retired error**

40820 The State or Province Code (Loop 2300, CLM11.04) is required when address is within the United States or Canada.

**Change #:** 9249

**Guideline(s):** 5010-834X307

**Originally contained in an earlier Guideline Release?** No

#### **Issue**

The response generator was not outputting the CTX Segment Context (IK3 loop) and/or the CTX Element Context (IK4 loop) as was appropriate based on the situational rules in the TR3.

#### **Solution**

The guidelines were updated to output the CTX Segment Context (IK3 loop) and/or the CTX Element Context (IK4 loop) as was appropriate based on the situational rules in the TR3.

**Change #:** 9297

**Guideline(s):** 5010-837P.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.2 - Interim Update to Guidelines, August 2014

**Issue**

Edit 40817 was missing from the 2420C N403 field.

**Solution**

The 40817 edit was added to the 2420C N403 element in the subscriber loop.

**Related error**

40817 Zip codes are not to contain any special characters.

**Change #:** 9391

**Guideline(s):** 5010-277X212.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.3 - Interim Update to Guidelines, September 2014

**Issue**

The Information Receiver Claim Status Category Code listing (STC0101List) did not include E3 and E4 as valid codes.

**Solution**

The STC0101List now considers the following codes to be valid: D0, E0, E1, E2, E3, and E4.

**Updated errors**

43371 The Information Receiver Claim Status Category Code (2200B STC01-01) must be either D0, E0, E1, E2, E3, or E4.

43412 The Information Receiver Claim Status Category Code (2200C STC10-01) must be either D0, E0, E1, E2, E3, or E4.

43413 The Information Receiver Claim Status Category Code (2200C STC11-01) must be either D0, E0, E1, E2, E3, or E4.

43414 The Information Receiver Claim Status Category Code (2200B STC10-01) must be either D0, E0, E1, E2, E3, or E4.

43415 The Information Receiver Claim Status Category Code (2200B STC11-01) must be either D0, E0, E1, E2, E3, or E4.

43416 The Information Receiver Claim Status Category Code (2200C STC01-01) must be either D0, E0, E1, E2, E3, or E4.

**Change #:** 9393

**Guideline(s):** 5010-837X229.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.2 - Interim Update to Guidelines, August 2014

**Issue**

New 837Institutional Post Adjudication Claims Data Reporting (837-X299) guidelines Types 1-7 need to be created.

**Solution**

Guideline edits were added for for the Post Adjudication 837-X299std.

**Change #:** 9394

**Guideline(s):** 5010-837X298.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.2 - Interim Update to Guidelines, August 2014

**Issue**

New 837Professional Post Adjudication Claims Data Reporting (837-X298) guidelines Types 1-7 need to be created.

**Solution**

Guideline edits were added for the Post Adjudication 837-X298std.

**Change #:** 9395

**Guideline(s):** 5010-837X300.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.2 - Interim Update to Guidelines, August 2014

**Issue**

New 837 Dental Post Adjudication Claims Data Reporting (837-X300) guidelines Types 1-7 need to be created.

**Solution**

Guideline edits were added for the Post Adjudication 837-X300std.

**Change #:** 9406

**Guideline(s):** APF file change only

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.7 - Interim Update to Guidelines, March 2015

**Issue**

Error 41090 is set to severity 2 (Warning) when it should be severity 4 (Situational).

**Solution**

The default APF file (\$fsdefilt.apf) was updated to set Error 41090 to severity 4 (Situational).

**Related error**

41090 The Subscriber Address (2010BA, N3) is required when the subscriber is the patient.

**Change #:** 9412 and 9573

**Guideline(s):** 5010-837P.std

**Originally contained in an earlier Guideline Release?** No

**Issue**

There is ambiguity regarding whether or not Place of Service (POS) 31 should be considered an inpatient code.

**Solution**

It was determined that POS 31 should no longer be considered an inpatient code in the 837P guideline.

**Change # and Guideline:**

9434 - 5010-837X299.std

9440 - 5010-837X300.std

9441 - 5010-837X298.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.2 - Interim Update to Guidelines, August 2014

**Issue**

The ICD-10 cutover date has been moved from October 1, 2014 to October 1, 2015.

**Solution**

The ICD-10 cutover rule has been updated with the date October 1, 2015.

**Change #:** 9448

**Guideline(s):** 5010-837D.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.1 - Interim Update to Guidelines, July 2014

**Issue**

The FS\_ICD9\_ICD10\_CutoverDate variable supports the ICD-9 to ICD-10 conversion cutover. Existing functionality does not verify that that ICD10 code date in the 2300 HI is less than the date in the FS\_ICD9\_ICD10\_CutoverDate variable.

**Solution**

Rules were added to check the ICD10 code date in the 2300 HI. Error 42211 will be generated if the ICD10 code date is less than or equal to the date set in the variable FS\_ICD9\_ICD10\_CutoverDate.

Note: For more information on this variable, see **BusinessRules.pdf**, Appendix A, Variables, the section TIBCO Foresight-Defined Variables

**New error**

42211 The Health Care Diagnosis Code, (2300, HI) ABK/ABF qualifier for ICD-10 code may not be used prior to the effective date of #FS\_ICD9\_ICD10\_CutoverDate#.

**Change #:** 9450

**Guideline(s):** 5010-834X220.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.1 - Interim Update to Guidelines, July 2014

**Issue**

834-X220.std must support new 834 Federally Facilitated Exchange (FFE) guideline as detailed in the updated CMS companion guideline.

**Solution**

The guideline has been updated to include all changes/edits from the CMS companion guideline, Version Number 1.7, June 1,2014

**Change #:** 9451

**Guideline(s):** NCPDP\_PAH42.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.5 - Interim Update to Guidelines, December 2014

**Issue**

Support is needed for the NCPDP Post Adjudication Standard (Version 4.2).

**Solution**

Support for NCPDP Post-Adjudication 4.2 was added (NCPDP\_PAH42.std).

NOTE: To use this guideline, Instream 8.4.0 Hotfix 4 and EDISIM 6.14.0 Hotfix 3 are required.

**Change #:** 9452

**Guideline(s):** 5010-HIX-820X306.std and PDSA5010HIX-820X306.std

**Originally contained in an earlier Guideline Release?**

Yes. 8.4.0.2 - Interim Update to Guidelines, August 2014  
and  
8.4.0.4 - Interim Update to Guidelines, October 2014

**Issue**

(8.4.0.2) CMS companion guideline edits for the Health Care Exchange 820X306 are needed. (8.4.0.2)  
and

(8.4.0.4) A new CMS Companion Guideline, FM\_HIX820\_CompanionGuide\_v2\_5CR\_100714\_October\_6\_2014.pdf, was received and reviewed for required changes. (8.4.0.4)

**Solution**

(8.4.0.2) The guideline was updated with companion guideline edits as needed.  
and

(8.4.0.4) The 5010-HIX-820X306.std and PDSA5010HIX-820X306.std guidelines were updated with changes found in the FM\_HIX820\_CompanionGuide\_v2\_5CR\_100714\_October\_6\_2014.pdf.

**Change #:** 9455

**Guideline(s):** 5010-835.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.1 - Interim Update to Guidelines, July 2014

**Issue**

Edit 42501 requires the Claim Adjustment reason code of 101 to be present when the CLP02=25 for predetermination.

Based on X12N RFI: 1941, this rule is too restrictive. "The usage of CARC 101 only applies when there is a future payment to be reported, and is not in conflict with the requirement to not report zero adjustments. Since there is no future payment, there is no CAS with CAS02=101."

**Solution**

The edit requiring this condition has been removed.

**Retired error**

42501 The Claim Adjustment Group code OA (Loop 2100, CAS01) must be used with a Claim Adjustment Reason code of 101, when the Claim Status Code (Loop 2100, CLP02) equals 25 for predetermination.

**Change #:** 9456

**Guideline(s):** 5010-HIX-834.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.1 - Interim Update to Guidelines, July 2014

**Issue**

The business rules checking for the Member Supplemental Identifier Qualifier, 2000, REF01=17, 23, or ZZ when the INS04=59 OR 24 are too restrictive.

**Solution**

The business rules now reviews all iterations of the Member Supplemental Identifier Qualifier, 2000, REF01 being equal to 17, 23, or ZZ. As long as one iteration has the required qualifier, the error messages are not generated.

**Related errors**

46568 (HIX) The Member Supplemental Identifier Qualifier (2000, REF01) must be 17, 23, or ZZ for cancellations.

46588 (HIX) The Member Supplemental Identifier Qualifier (2000, REF01) must be 17, 23, or ZZ when the Maintenance Type Code (2000, INS03) equals 024.

**Change #:** 9457

**Guideline(s):** 5010-837I.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.2 - Interim Update to Guidelines, August 2014

**Issue**

The 2010CA, N404 business rule was looking at the incorrect zip code list when checking for non-USA zip codes.

**Solution**

The business rule was updated to point to the correct zip code list when checking for non-USA zip codes.



**Change #:** 9458

**Guideline(s):** 5010-835.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.2 - Interim Update to Guidelines, August 2014

**Issue**

When the BPR12=01 was present, there was no checking for a valid 9-digit number in the BPR13.

**Solution**

Created a business rule to verify that, when the BPR12=01, the BPR13 was a 9-digit number.

**New error**

42677 The (DFI) Identification Number (BPR13) must be a nine digit number when the (DFI) ID Number Qualifier (BPR12) equals 01.

**Change #:** 9459

**Guideline(s):** 5010-837D.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.2 - Interim Update to Guidelines, August 2014

**Issue**

When the 2300 DTP02=RD8, the date used in the FindCodeWithDate rules should be the Through date, not the From date.

**Solution**

Business rules for the 2300 DN201, FindCodeWithDate ToothNumber rule were updated to validate first using the Statement Date then the Service Date.

This was also implemented for the 2300 HI segment ICD10 and ICD9 codes, along with the Cutover rule.

**Change #:** 9460

**Guideline(s):** 5010-835.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.2 - Interim Update to Guidelines, August 2014

**Issue**

The 2100 CAS and 2110 CAS (02, 05, 08, 11, 14, 17) CARC codes were missing a business rules for date checking validation.

**Solution**

A new rule was added to check the CAS02, 05, 08, 11, 14 and 17 CARC codes at both the 2100 ad 2110 levels.

**New error**

42676 The Claim Adjustment Reason Code, #Current\_Element#, was not valid for date #BPR16TransactionDate#.

**Change# and Guidelines:**

9463 - 278X215I.std and 278X215R.std

9465 - 5010-278X216N.std and 5010-278X216A.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.5 - Interim Update to Guidelines, December 2014

**Issue**

Support is needed for the following:

278X215I: Health Care Services Review Information - Inquiry

278X215R: Health Care Services Review Information - Response

278X216A: Health Care Services Review Information - Acknowledgement

278X216N: Health Care Services Review Information - Notification

**Solution**

The following guidelines have been added (types 1-2):

278X215I: Health Care Services Review Information - Inquiry

278X215R: Health Care Services Review Information - Response

278X216A: Health Care Services Review Information - Acknowledgement

278X216N: Health Care Services Review Information - Notification

The following guidelines have been added (types 1-7):

5010-278X215I: Health Care Services Review Information - Inquiry

5010-278X215R: Health Care Services Review Information - Response

5010-278X216A: Health Care Services Review Information - Acknowledgement

5010-278X216N: Health Care Services Review Information - Notification

The following PDSA guidelines have been added:

PDSA5010-278X215I: Health Care Services Review Information - Inquiry

PDSA5010-278X215R: Health Care Services Review Information - Response

PDSA5010-278X216A: Health Care Services Review Information - Acknowledgement

PDSA5010-278X216N: Health Care Services Review Information - Notification

The following PDSX guidelines have been added:

PDSX5010-278X215I: Health Care Services Review Information - Inquiry

PDSX5010-278X215R: Health Care Services Review Information - Response

PDSX5010-278X216A: Health Care Services Review Information - Acknowledgement

PDSX5010-278X216N: Health Care Services Review Information - Notification

NOTE: To use these guidelines, a minimum of Instream 8.4.0 Hotfix 4 is required.

**Change #:** 9466

**Guideline(s):** 5010-HIX-834X220.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.3 - Interim Update to Guidelines, September 2014

**Issue**

Edit 46641, which uses the following situational rule, does not consider whether or not the individual is a subscriber.

SITUATIONAL RULE: Required when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. If not required by this implementation guide, do not send.

**Solution**

The situational rule for Edit 46641 now verifies that the individual is a subscriber before generating Error 46641.

**Updated error**

46641 (HIX) The Marital Status Code (2100A, DMG04) will be transmitted for Individual Markets for the subscriber.

**Change #:** 9467

**Guideline(s):** 5010-837X299.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.2 - Interim Update to Guidelines, August 2014

**Issue**

The 2300, REF - Claim Identification For Transmission Intermediaries, had an incorrect code value of LX. It should be D9.

**Solution**

The REF01 was corrected to be code value D9.

**Change #:** 9468

**Guideline(s):** 5010-HIX-834X220.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.2 - Interim Update to Guidelines, August 2014

**Issue**

A business rule on the 2750 REF was incorrectly generating error number 46617.

**Solution**

The business rule was corrected and error 46617 is no longer generating in error.

**Related error**

46617 (HIX) One iteration of the Reporting Category Name (2750, N102) must be equal to "ADDL MAINT REASON", with a Reporting Category Reference ID (2750, REF02) equal to either CANCEL, CANCEL-FLC, CANCEL-MDC, CANCEL-CHP, CANCEL-NLE, CANCEL-MEC, CANCEL-CIC, TERM, TERM-FRD, TERM-FLC, TERM-MCD, TERM-CHP, TERM-NLE, TERM-MEC, TERM-DCT or TERMCIC for all terminations and cancellations.

**Change #:** 9469

**Guideline(s):** 5010-837P.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.3 - Interim Update to Guidelines, September 2014

**Issue**

The 2420E PER02 should be required for both the Subscriber and Patient loops.

**Solution**

The 2420E PER02 user attributes were changed from Dependent to Required for both the Subscriber and Patient loops.

**Change #:** 9470

**Guideline(s):** 5010-837D.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.3 - Interim Update to Guidelines, September 2014

**Issue**

8.4.0.2 - Interim Update to Guidelines, Change # 9459 required an updated business rule involving statement and service dates.

The updated edit unintentionally allowed the inclusion of a dash with the date (e.g., -20140812) which caused an error be generated.

**Solution**

The rule was updated and now captures the date without a dash.

**Change #:** 9471

**Guideline(s):** 5010-HIX-834X220.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.3 - Interim Update to Guidelines, September 2014

**Issue**

Only one iteration of the 2300 DTP Health Coverage Date need be present with a value of DTP01= 348, when the INS04=41 or the INS04=EC. This was updated in the CMS Companion Guideline dated June 2014. Currently validation rules check for two iterations where one is 2300, DTP01=348 and one DTP01=349.

**Solution**

The rules were updated to check for one iteration of the 2300 DTP Health Coverage Date being equal to DTP01=348 when the INS04=EC or when the INS04=41.

**Updated errors**

46614 (HIX) One iteration of the Health Coverage Dates (2300, DTP) segment must be present with one DTP01=348 when the Maintenance Reason Code (2000, INS04) equals 41.

46612 (HIX) One iteration of the Health Coverage Dates (2300, DTP) segment must be present with one DTP01=348 when the Maintenance Reason Code (2000, INS04) equals EC.

**Change #:** 9472

**Guideline(s):** 5010-HIX-834X220.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.3 - Interim Update to Guidelines, September 2014

**Issue**

Based on the CMS Companion Guideline dated June 2014, the guideline checks for a generic 10 numeric characters, regardless of whether the transaction is for Individual or FF-SHOP.

On September 2, 2014, CMS released new information regarding formatting based on Individual or FF-SHOP:

Note: For the FFM Individual market 10 numeric characters are placed in the Alphanumeric field. No check digits, no intelligence is found in the characters

Note: For the FF-SHOP market 15 numeric characters are placed in the Alphanumeric field. This begins with the HIOS ID of the Issuer and is concatenated with 10 numeric characters No check digits, no intelligence is found in the last 10 characters of the Id.

**Solution**

Rules were updated to verify that Individual is 10 numeric characters. A new rule was added to verify that FF-SHOP is 15 numeric characters.

**Updated error**

46620 (HIX) The Subscriber Number (2000, REF) where REF01=OF, for Individual, must be 10 numeric characters.

**New error**

46646 (HIX) The Subscriber Number (2000, REF) where REF01=OF, for FF-SHOP, must be 15 numeric characters.

**Change #:** 9473

**Guideline(s):** 837X224.std, 5010-837D.std, and PDSA5010837D.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.4 - Interim Update to Guidelines, October 2014

**Issue**

A situational rule on the 2320, SBR09 makes it required prior to mandated use of the HIPAA National Plan ID. The user attribute was set to M/U which cannot be turned off by location for validation.

**Solution**

The user attribute M/U was removed from guideline 837X224.std (Types 1-2) and a new Business Rule was added to enforce this condition in the 5010-837D.std.

**New error**

42213 The Claim Filing Indicator Code (Loop 2320, SBR09) is required prior to mandated use of PlanID.

**Change #:** 9475

**Guideline(s):** 5010-HIX-834X220.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.4 - Interim Update to Guidelines, October 2014

**Issues**

The QTY segment is required for FFM and FF-SHOP only. Edit 46518 is not checking for the FFM or FF-SHOP condition before requiring QTY.

QTY01=ET is required for FFM and FF-SHOP only. Edit 46622 is not checking for the FFM or FF-SHOP condition before requiring QTY01=ET.

QTY01=DT is required for FFM and FF-SHOP only when the number exceeds zero. Edit 46622 is not checking for the FFM or FF-SHOP condition before requiring QTY01=DT.

**Solutions**

Business Rules were updated and new edit 46647 was added in order to:

-check for FFM/FF-SHOP before requiring the QTY segment

-check for FFM/FF-SHOP before requiring QTY01=ET

-check for FFM/FF-Shop and ensure that the number exceeds zero before requiring QTY01=DT.

**New error**

46647 (HIX) At least one Transaction Set Control Totals (QTY) segment must be sent with the qualifier of DT - Dependent Total when the number exceeds zero for FFM and FF-SHOP.

**Updated errors**

46518 (HIX) At least one Transaction Set Control Totals (QTY) segment must be sent with the qualifier of TO - Total.

46622 (HIX) At least one Transaction Set Control Totals (QTY) segment must be sent with the qualifier of ET - Employee Total or DT - Dependent Total.

**Change #:** 9476

**Guideline(s):** 5010-837P.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.4 - Interim Update to Guidelines, October 2014

**Issue**

The 2400 HCP12 edit for Error 40991 on the Patient Loop should match the edit on the Subscriber Loop.

**Solution**

The 2400 HCP12 edit on the Patient Loop was updated to match the edit on the Subscriber Loop.

Related error

40991 The maximum length for this field (2400, HCP12) is 8 digits excluding the decimal. The maximum number of digits allowed to the right of the decimal is three.

**Change #:** 9478

**Guideline(s):** 5010-HIX-834X220.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.4 - Interim Update to Guidelines, October 2014

**Issue**

When Loop 2000, REF01=17 for Individual, then the formatting must be 10 numeric characters. Currently the business rule doesnot check for "Individual" before generating an error.

**Solution**

The business rule was updated to check for "Individual" before generating Error 46621.

**Updated error**

46621 (HIX) The Member Supplemental Identifier (2000, REF) where REF01=17, for Individual, must be 10 numeric characters.

**Change #:** 9479

**Guideline(s):** 5010-837D.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.4 - Interim Update to Guidelines, October 2014

**Issue**

Edits are needed for Referring Provider (2310A) when Referral Number is used (2300, REF01=9F).

**Solution**

Edit 42212 was added and now generates when the 2300 REF01=9F exists and the 2310A Referring Provider is missing.

**New error**

42212 When the Referral Number (2300 REF01=9F) is present the Referring Provider (2310A) must be used.

**Change #:** 9480

**Guideline(s):** 5010-837X298.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.4 - Interim Update to Guidelines, October 2014

**Issue**

Variables were not clearing for Edits 47147, 47148, and 47223.

**Solution**

Edits were updated to clear variables and are working as expected.

**Related errors**

47147 The Previous Claim does not balance. Formula used CLM02 (#SLoop2300CLM02#) = sum of SV102 (#SLoop2400SV102#).

47148 The Previous Claim does not balance. Formula used CLM02 (#PLoop2300CLM02#) = sum of SV102 (#PLoop2400SV102#).

47223 The LX Service Line Number is not incrementing by one.

**Change #:** 9481

**Guideline(s):** 5010-837I.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.4 - Interim Update to Guidelines, October 2014

**Issue**

A business rule on elements HI02.04 through HI012.04, refers back to the associated HI0X.01 to verify the element is equal to BBQ. If it is, and the date is prior to the ICD-10 cutover date, then Error 41687 is generated.

It was discovered that each of these elements was referring to the HI01.01 instead of their respective composite variable. For example, HI01.04 should refer to HI01.01, HI02.04 should refer to HI02.01, etc. Therefore, the error was generated based on the wrong element.

**Solution**

The rules on elements HI02.04 through HI12.04 have been updated to refer to the correct composite variables.

**Change #:** 9482

**Guideline(s):** PDSA5010-837X298.std and PDSX5010-837X298.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.4 - Interim Update to Guidelines, October 2014

**Issue**

The GS08 contains the text 005010X222A1 instead of 005010X298.

**Solution**

The text in the GS08 was corrected to read 005010X298.



**Change #:** 9483

**Guideline(s):** 5010-837X298.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.5 - Interim Update to Guidelines, December 2014  
and  
8.4.0.6 - Interim Update to Guidelines, January 2015

**Issue**

The 2300 CLM09 in the patient loop is set to M/U (Must Be Used) when it should be Optional.

**Solution**

(8.4.0.5) The user attribute on the 2300 CLM09 in the patient loop was changed to Optional.  
(8.4.0.6) The user attribute on the 2300 CLM09 in both the Patient andSubscriber loops was changed to Optional.

**Change #:** 9484

**Guideline(s):** 5010-837X298.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.5 - Interim Update to Guidelines, December 2014

**Issue**

Error 40834 is incorrectly triggering on AMT segments. This requirement was carried over from the base 5010837P but is not required in the X298 IG.

**Solution**

The edit that triggers error 40834 was removed from the 5010-837X298.std.

**Related error**

40834 AMT-Remaining Patient Liability (Loop 2320 AMT02) This segment is not used if the line level (Loop 2430 Remaining Patient Liability AMT segment) is used for this Other Payer.

**Change #:** 9485

**Guideline(s):** 5010-837X298.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.5 - Interim Update to Guidelines, December 2014

**Issue**

Error 47192 is incorrectly triggering on REF segments. This requirement originally appeared in the base 5010837P but is not required in the X298 IG.

**Solution**

Error 47192 was retired.

**Retired error**

47192 The Service Facility Location Secondary Identification (2310C REF) information may not be used when the Service Facility Location Identification Code (2310C NM109) is present.

**Change #:** 9489

**Guideline(s):** N/A

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.5 - Interim Update to Guidelines, December 2014

**Issue**

In the default APF file (\$fsdeflt.apf) errors 43601 and 43610 are incorrectly set to HIPAA Type 4 instead of HIPAA Type 5.

**Solution**

The default APF file (\$fsdeflt.apf) was updated to set errors 43601 and 43610 to HIPAA Type 5.

**Related errors**

43601 The Interchange Receiver ID (ISA08) code #FS\_FindCodeValue# was not found in Code Table #FS\_FindCodeList#

43610 The Information Source Identification Code (Loop 2100A, NM109) #FS\_FindCodeValue# was not found in Code Table #FS\_FindCodeList#

**Change #:** 9490

**Guideline(s):** 5010-8371.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.5 - Interim Update to Guidelines, December 2014

**Issue**

Per the NUBC, when the Patient Discharge Status is equal to 20, 41, 42, or 43, then Occurrence Code 55 must be present.

**Solution**

A new rule was added to check for the Patient Discharge Status being equal to 20, 41, 42, or 43 and the presence of at least one Occurrence Code equal to 55. If Occurrence Code=55 is not present, error 41695 is generated.

**New error**

41695 The Occurrence Code 55 (2300, HI0X.2) must be present when the Patient Discharge status (2300, CL103) equals 20, 40, 41, or 42.

**Change #:** 9491

**Guideline(s):** 5010-837X298.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.5 - Interim Update to Guidelines, December 2014

**Issue**

Several edits should be removed from the guideline because there are no notes on the REF segments for the edits.

**Solution**

The following edits and their associated errors were removed from the guideline: 47189, 47190, 47291, and 47304.

**Related errors**

47189 The Referring Provider Secondary Identification (2310A REF) information may not be used when the Identification Code (2310A NM109) is present.

47190 The Rendering Provider Secondary Identification (2310B REF) information may not be used when the Identification Code (2310B NM109) is present.

47291 The Rendering Provider Secondary Identification (2420A REF) information may not be used when the Rendering Provider Identification Code (2420A NM109) is present.

47304 The Individual or Organizational Name Secondary Identification (2420F REF) information may not be used when the Ordering Provider Identification Code (2420F NM109) is present.

**Change #:** 9494

**Guideline(s):** 5010-837IX299.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.5 - Interim Update to Guidelines, December 2014

**Issue**

The ST03 contains the text 005010X223A2 instead of 005010X299. This is causing the PDSA5010-837X299.std and the PDSX5010-837X299.std to be incorrect as well.

**Solution**

The text in the ST03 was corrected to read 005010X299.

**Change #:** 9495

**Guideline(s):** 5010-837X299.std and 837-X299.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.6 - Interim Update to Guidelines, January 2015

**Issue**

In the 2000C, 2300, and 2400 DTP Service Line Date, code value RD8 is failing.

**Solution**

In the 2000C, 2300, and 2400 DTP Service Line Date, code value RD8 has been added to pass validation.

**Change #:** 9496

**Guideline(s):** 5010-837X298.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.5 - Interim Update to Guidelines, December 2014

**Issue**

Edit 47314 is no longer needed because the 2330B DTP and 2430DTP are both required per the associated TR3.

**Solution**

Removed all 47314 edits from the guideline and retired error 47314.

**Retired error**

47314 The Claim Check or Remittance Date (Loop 2330B, DTP) is only required when the Line Adjudication Information (Loop 2430, SVD) is not used and the claim has been previously adjudicated by the provider in loop 2330B.

**Change #:** 9497

**Guideline(s):** HDMA-DSCSA-4010856.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.5 - Interim Update to Guidelines, December 2014

**Issue**

A new Healthcare Distribution Management Association (HDMA) Guideline for the 856 (Advance Ship Notice) to Support Implementation of Drug Supply Chain and Security Act (DSCSA) is needed. The HDMA issues these guidelines based on interpretation of compliance requirements for DCSCA as of July 2014.

**Solution**

The HDMA-DSCSA-4010856.std guideline is now available based on the July 2014 specifications provided by HDMA.

**Change #:** 9498

**Guideline(s):** 5010-HIX-834X220.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.5 - Interim Update to Guidelines, December 2014

**Issues**

1. Error 46641 is being generated incorrectly for termination and cancellations for Individual Markets.
2. The edit for error 46642 is not checking for FF-SHOP correctly.

**Solutions**

1. The business rule was corrected to look for Individual Markets,Subscriber status, and non-termination/cancellations before making this rule required and generating error 46641.
2. The business rule was corrected to check for FF-Shop before generating error 46642.

**Related errors**

- 46641 (HIX) The Marital Status Code (2100A, DMG04) will be transmitted for Individual Markets for the subscriber.  
46642 (HIX) The Marital Status Code (2100A, DMG04) must not be used for FF-SHOP markets.

**Change #:** 9499

**Guideline(s):** 5010837I.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.5 - Interim Update to Guidelines, December 2014

**Issue**

When data is received for the HI - Value Code and the composites are not sent in order, the claim passes instead of generating Error 41329.

**Solution**

A variable was not resetting properly. This has been corrected and the edit now generates the expected response.

**Related error**

41329 The Value Code HI0X.01 cannot be sent because the preceding Value Code HI0X.01 data element was not sent.

**Change #:** 9500

**Guideline(s):** 5010-837X298.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.5 - Interim Update to Guidelines, December 2014

**Issue**

Edit 47182 is triggering incorrectly when a previous claim also has a 2310A.

**Solution**

Edits were added to the to the CLM segments to clear variable S2310NM101. The error is now generating as expected.

**Related error**

47182 The value DN must precede the value of P3 when both are present or only one iteration of the Referring Provider Name (Loop 2310A) is used.

**Change #:** 9502

**Guideline(s):** 5010-837X298

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.5 - Interim Update to Guidelines, December 2014

**Issue**

Edit 47236 is not required on the 2400 SV105 element according to the 5010-837X298 TR3.

**Solution**

Edit 47236 was removed from the 2400 SV105 element and the error was retired.

**Retired error**

47236 The Facility Code Value (2400 SV105) is only required when it is different than the value carried in the Facility Code Value (2300 CLM05-01).

**Change #:** 9503

**Guideline(s):** 5010-837x299

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.5 - Interim Update to Guidelines, December 2014

**Issue**

Edit 47635 on Line Item Control Number (Loop 2400, REF) is not required by the 5010-837x299 TR3.

**Solution**

Edit 47635 was removed from the guideline.

**Related error**

47635 The Line Item Control Number (Loop 2400, REF) is strongly encouraged to routinely be sent on all service lines, particularly if the submitter automatically posts their remittance advice.

**Change #:** 9504

**Guideline(s):** 5010837P.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.5 - Interim Update to Guidelines, December 2014

**Issue**

Edit 40958 currently runs at the end of the HL Loop. It is preferable to have the error referenced on the 999 DTP.

**Solution**

The edit was removed from ST segment and added to the to the DTP(096) segments in both the Subscriber and Patient loops.

**Related error**

40958 The Discharge Date (2300, DTP) is only required on inpatient claims when discharge date is known. Otherwise, do not send.

**Change #:** 9505

**Guideline(s):** 5010-820X306.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.5 - Interim Update to Guidelines, December 2014

**Issue**

Loop 1000C, N101 is generating Error 46623 when the code value is equal to TV. This error should only be thrown for FFM-Individual markets. The companion guideline states: FFM User Interface will transmit the TPA/Broker ID as the National Producer Number (NPN) and data element N101 shall be "BO".

**Solution**

The business rule was revised to generate the error only when the 834 is for FFM-Individual markets and the N101 is not equal to "BO".

**Updated error**

46623 (HIX) The TPA/Broker Name Entity Identifier Code (1000C, N101) must be BO - Broker or Sales Office for FFM - Individual markets.

**Change #:** 9506

**Guideline(s):** 5010-820X306.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.5 - Interim Update to Guidelines, December 2014

**Issue**

When the BPR04=NON, then the BPR02 must equal Zero. The BPR04=NON, the BPR02 was not equal to zero and no error was generated.

**Solution**

A business rules was added to check for the following condition: If the BPR04=NON, then the BPR02 must equal "0".

**New error**

46135 The Total Payment Amount (BPR02) must be equal to Zero when the Payment Method Code (BPR04) is equal to NON - Non-payment Data.

**Change #:** 9508

**Guideline(s):** 5010-HIX-834X220.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.6 - Interim Update to Guidelines, January 2015

**Issue**

Error 46513, requiring the 2750, DTP, is being generated for Individual when the 2750 N102 = "REQUEST SUBMIT TIMESTAMP", and REF01=17.

According to Section 9.6.1 of the CMS HIX 834\_Companion\_Guide\_DRAFT\_FFM\_1.7-Pre-Clearance\_June\_1\_2014\_v1.7.pdf, the 275 DTP is not required.

**Solution**

Rules were corrected to no longer require the 2750 DTP for Individual when the 2750 N102 = "REQUEST SUBMIT TIMESTAMP", and REF01=17.

**New errors**

46648 (HIX) The Reporting Category Date (2750, DTP) segment is required for Individual per section 9.6.1

46649 (HIX) The Reporting Category Date (2750, DTP) segment is required for SHOP per section 9.6.1.

**Retired errors**

46513 (HIX) The Reporting Category Date (2750, DTP) segment is required when the Reporting Category Reference ID Qualifier (2750, REF01) is equal to 17, 9V or 9X

46616 (HIX) The Reporting Category Date (2750, DTP) must be present when submitting defined Reporting Category (2750, NM1) codes per section 9.6 of the companion guideline.

**Change #:** 9509

**Guideline(s):** 5010-HIX-834X220.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.6 - Interim Update to Guidelines, January 2015

**Issue**

Errors 4615 and 46616 refer to NM1 instead of N1.

**Solution**

Errors 4615 and 46616 were updated to refer to N1.

**Updated errors**

46615 (HIX) The Reporting Category Reference (2750, REF) must be present when submitting defined Reporting Category (2750, N1) codes per section 9.6 of the companion guideline.

46616 (HIX) The Reporting Category Date (2750, DTP) must be present when submitting defined Reporting Category (2750, N1) codes per section 9.6 of the companion guideline.



**Change #:** 9510

**Guideline(s):** 5010-HIX-834X220.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.6 - Interim Update to Guidelines, January 2015

**Issue**

Error 46622 is being generated for Individual when the QTY is not sent with the QTY01=ET. According to the CMS HIX 834\_Companion\_Guide\_DRAFT\_FFM\_1.7-Pre-Clearance\_June\_1\_2014\_v1.7.pdf (section 10.1, page 33) SHOP needs to send the QTY01=ET only when there is an INS01=Y:

QTY01=ET - FF-SHOP only transmit to indicate that the value conveyed in QTY02 represents the total number of INS segments in this ST/SE set with INS01 = Y. This number will represent the number of Employee Subscribers contained in the transaction Set.

**Solution**

The error was updated to generate for FF-SHOP only when INS segments contain INS01=Y for Employee Subscribers.

**Retired error**

46622 (HIX) At least one Transaction Set Control Totals (QTY) segment must be sent with the qualifier of ET - Employee Total for FFM and FF-SHOP.

**New error**

46650 (HIX) At least one Transaction Set Control Totals (QTY) segment must be sent with the qualifier of ET - Employee Total when the number exceeds zero for SHOP.

**Change #:** 9511

**Guideline(s):** 5010-HIX-834X220.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.6 - Interim Update to Guidelines, January 2015

**Issue**

The QTY segment with a value of QTY01=TO is required for both FFM and SHOP. However, the edit requiring the QTY01=TO is being generated for SHOP only.

**Solution**

The business rule was updated to require the QTY segment with a value of QTY01=TO for both FFM and SHOP.

**Change #:** 9512

**Guideline(s):** 5010-HIX-834X220.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.6 - Interim Update to Guidelines, January 2015

**Issue**

Error 46537 is set to severity 2 (Warning) when it should be severity 3 (Error).

**Solution**

The default APF file (\$fsdeflt.apf) was updated to set Error 46537 to severity 3 (Error).

**Related error**

46537 (HIX) The Health Coverage Policy Number Reference ID Qualifier (2300, REF01) must be CE, E8 or 1L, when the Maintenance Reason Code (2000, INS04) equals EC or 41.

**Change #:** 9513

**Guideline(s):** 5010837D.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.6 - Interim Update to Guidelines, January 2015

**Issue**

Error 42056 triggers incorrectly in the Patient Loop. The edit should consider if the SV3 being used is for Subscriber or Patient loop.

**Solution**

The edit was updated to specify the location (Subscriber [2000B] loop or Patient [2000C] loop) of 2400 DTP in question.

**Related error**

42056 The Date-Prior Placement segment (Loop 2400, DTP) should not be used when the Prosthesis, Crown or Inlay Code (Loop 2400, SV305) is not equal to R, replacement.

**Change #:** 9513

**Guideline(s):** 5010837D.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.7 - Interim Update to Guidelines, March 2015

**Issue**

Error 42056 continues to trigger incorrectly. The edit should consider if the SV3 being used is for Subscriber or Patient loop.

This issue originally appeared in 8.4.0.6 - Interim Update to Guidelines dated January 2015.

**Solution**

The SetVar PHAve2400SV3 and SHave2400SV3 are now set to "OFF" in both the Subscriber and Patient LX segment.

**Related error**

42056 The Date-Prior Placement segment (Loop 2400, DTP) should not be used when the Prosthesis, Crown or Inlay Code (Loop 2400, SV305) is not equal to R, replacement.

**Change #:** 9515

**Guideline(s):** 5010-837X300.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.6 - Interim Update to Guidelines, January 2015

**Issue**

Error 47806 triggers incorrectly because the variable used to count the LX is not being cleared at the 2300 CLM segment.

**Solution**

The edit was updated to clear the variable at the 2300 CLM segment and the error now generates as expected.

**Related error**

47806 The LX Service Line Number is not incrementing by one.

**Change #:** 9516

**Guideline(s):** 5010-837X300.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.6 - Interim Update to Guidelines, January 2015

**Issue**

Error 47915 triggers incorrectly because the associated edit does not specify Subscriber or Patient loop.

**Solution**

The edit was updated to specify the location (subscriber or patient loop) of the 2320 AMT in question.

**Related error**

47915 The Coordination of Benefits (COB) Payer Paid Amount (2320 AMT) is required when the Line Adjudication Information (2430 Loop) is present.

**Change #:** 9518

**Guideline(s):** 50108371.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.6 - Interim Update to Guidelines, January 2015

**Issue**

The business rule on the Dependent 2000C, 2300, HI - Admitting Diagnosis pointed to a variable on the Subscriber 2000B, 2300, HI Admitting Diagnosis code. This caused Error 41692 to trigger incorrectly.

**Solution**

The business rule on the Dependent 2000C, 2300, HI - Admitting Diagnosis was updated to point to the correct variable.

**Related error**

41692 The Admitting Diagnosis (2300, HI01.02) does not allow External Cause of Injury codes that begin with V, W, X, or Y.

**Change #:** 9519

**Guideline(s):** 5010-HIX-834X220.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.6 - Interim Update to Guidelines, January 2015

**Issue**

Information for Error 46632 was not included in the default APF file (\$fsdeflt.apf).

**Solution**

The default APF file (\$fsdeflt.apf) was updated with information for Error 46632 (46632=3,2,8,7,,,8,7,).

**Related error**

46632 (HIX) The Employment Status Code (2000, INS08) must be present and equal to TE, AC, or RT, for FF-SHOP Markets, when the Maintenance Reason Code (2000, INS04) equals 59 or 14 for termination/cancellation.

**Change #:** 9523

**Guideline(s):** HDMA-4010856.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.7 - Interim Update to Guidelines, March 2015

**Issue**

EDISIM-only customers don't have access to HDMA-4010856.std.

**Solution**

HDMA-4010856.std (Types 1-2) has been added and is now available for EDISIM-only customers.

**Change #:** 9524

**Guideline(s):** 5010-837X298.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.6 - Interim Update to Guidelines, January 2015

**Issue**

Balancing edits at the 2300 CLM are triggering Errors 47315 and 47317 incorrectly.

**Solution**

Variable flags used in the balancing edits were updated for both the Subscriber and Patient loops and Errors 47315 and 47317 are now triggering as expected.

**Related errors**

47315 The Claim Payment Amounts do not balance for #SOtherPayerCOBID1#. The Sum of Loop 2430 SVD02 amounts, #SSVD02PayerAmt1# - sum of loop 2320 CAS adjustment amounts, #S2320CASPayer1# = Loop 2320 AMT Payer Paid amount, #S2320PayerPaidAmt1#.

47317 The Claim Payment Amounts do not balance for #SOtherPayerCOBID2#. The Sum of Loop 2430 SVD02 amounts, #SSVD02PayerAmt2# - sum of loop 2320 CAS adjustment amounts, #S2320CASPayer2# = Loop 2320 AMT Payer Paid amount, #S2320PayerPaidAmt2#.

**Change #:** 9527

**Guideline(s):** 5010-834.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.7 - Interim Update to Guidelines, March 2015

**Issue**

An edit is needed to consider the TR3 requirement on the value in 2100A NM101, IL or 74, and its relationship to the 2100B DMG segment. The TR3 document states:

Required if a corrected name is being sent in loop 2100A or if previously supplied demographics are being changed. If only the demographics are being changed, the code in NM101 in loop 2100A will be IL, and the code in NM101 in this loop will be 70. If not required by this implementation guide, do not send.

**Solution**

Edit 42831 was added to the guideline stating that, if the 2100A, NM101=IL and the 2100B loop is present, the 2100B DMG segment must be present.

**New error**

42831 The Incorrect Member Demographics (2100B, DMG) is required when the Member Name Entity ID (2100A, NM101) equals IL and the Incorrect Member Name (2100B loop) is used.

**Change #:** 9528

**Guideline(s):** APF file change only

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.7 - Interim Update to Guidelines, March 2015

**Issue**

The 5010837D.std, 5010837I.std, and 5010837P.std contain edits for the same issue, but have different values in the default APF file (\$fsdeflt.apf). Values in \$fsdeflt.apf should be the same for all three.

**Solution**

\$fsdeflt.apf was updated as follows:

(1) For 5010837I.std, edit 41231 was found to have the correct values; no changes were made.  
41231=3,4,8,7,024,X1,21,8,7,

(2) For 5010837D.std, edit 42020 was changed as follows:

Previous entry: 42020=3,4,8,7,024,X1,21,8,I9

Changed IK403 from I9 to 7

New entry: 42020=3,4,8,7,024,X1,21,8,7

(3) For 5010837P.std, edit 40846 was changed as follows:

Previous entry: 40846=3,5,8,7,024,X7,,8,12,

Changed HIPAA type from 5 to 4 and IK403 from 12 to 7

New entry: 40846=3,4,8,7,024,X7,,8,7,

**Related errors**

40846 Within a given claim, the various values for the Payer Responsibility Sequence Number Code (other than value "U") may occur no more than once.

41231 Within a given claim, the various values for the Payer Responsibility Sequence Number Code (other than value U) may occur no more than once.

42020 Within a given claim, the various values for the Payer Responsibility Sequence Number Code (other than value U) may occur no more than once.

**Change #:** 9530

**Guideline(s):** 5010-835.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.7 - Interim Update to Guidelines, March 2015

**Issue**

A business rule was missing an end quotation mark, causing error 42583 not to trigger as expected.

**Solution:**

The business rule now generate when the modifier code (Loop 2110, SVC01.03) is not valid for the service date.

**Related error**

42583 The Modifier Code #FS\_FindCodeValue#, was not valid on service line date #2110DTM02ServiceDate#.

**Change #:** 9531

**Guideline(s):** 5010-MEDICAREB.std (no guideline change, error text change only)

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.7 - Interim Update to Guidelines, March 2015

**Issue**

Error 91070, used in 5010-MEDICAREB.std Loop 2400, PS102 element when there are more than two digits to the right of the decimal, does not accurately describe the issue.

The error previously stated "The dollar amount (2300, CLM02) cannot be less than zero and cannot be greater than 99,999.99, with only two digits to the right of the decimal."

**Solution:**

The text for error 91070 was updated.

**Updated error**

91070 (MedicareB) The dollar amount (2400, PS102) can only have up to two digits to the right of the decimal.

**Change #:** 9532 and 9533

**Guideline(s):** 5010-837X300.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.8 - Interim Update to Guidelines, May 2015

**Issue**

The edits based around Rendering Provider Name (Loop 2310B, NM1) being required when it is different from the Billing Provider (Loop 2010AA, NM1) should be revisited. The sender can send the information at their discretion but the receiver cannot require it.

**Solution**

Edit 42063 should not have been included in the 5010-837X300.std and has been removed.

Edit 47765 remains valid, but the severity has been changed from Severity 3 (Error) to Severity 1 (Informational).

The claim will not fail but a message will be produced allowing customer to determine how to handle this situation when it occurs.

**Related errors**

42063 The Rendering Provider Name (Loop 2310B, NM1) is only required when it is different from the Billing Provider (Loop 2010AA, NM1), otherwise, do not send.

47765 The Rendering Provider Name (Loop 2310B, NM1) is only required when it is different from the Billing Provider (Loop 2010AA, NM1), otherwise, do not send.

**Change #:** 9534

**Guideline(s):** 5010-8371.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.8 - Interim Update to Guidelines, May 2015

**Issue**

The business rule checking for an Occurrence Code of 55 when the Patient Discharge status was equal to 20, 40, 41 or 42, was received correctly on the first claim. However, error 41695 continued to be received incorrectly on all subsequent claims.

**Solution**

The variable was not being cleared in all places. This has been corrected.

**Related errors**

41695 The Occurrence Code 55 (2300, HI0X.2) must be present when the Patient Discharge status (2300, CL103) equals 20, 40, 41 or 42.

**Change #:** 9535

**Guideline(s):** N/A

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.8 - Interim Update to Guidelines, May 2015

**Issue**

Error numbers 41170 and 47203 are assigned an invalid IK403 value (X7). This value should be set to 2.

**Solution**

Edits 41170 and 47203 were updated with an IK403 value of 2.

**Related errors**

41170 The Claim Adjustment Reason Code 23 can only be present when the Claim Adjustment Group Code (CAS01) is OA.

47203 The Claim Adjustment Reason Code 23 can only be present when the Claim Adjustment Group Code (CAS01) is OA.



**Change #:** 9536

**Guideline(s):** 5010-271.std

**Originally contained in an earlier Guideline Release?** Yes. 8.4.0.8 - Interim Update to Guidelines, May 2015

**Issue**

Only one occurrence of each REF01/REF02 code value may be used in the 2110C loop. You can, however, repeat the same REF01/REF02 if it is a new 2110C loop. Edit 45749 does not allow for this.

**Solution**

Edit 45749 was updated to collect the 2100C REF01 and REF02 (AppendString) and compare it against each 2110C REF01 plus REF02.

The error will be generated if the 2110C REF01 and REF02 match the 2100C REF01 and REF02.

**Related errors**

45749 The Subscriber Additional Information (REF) segment in both the 2100C and 2110C loop cannot have more than one occurrence of the same Reference ID (REF02) and Qualifier (REF01) pair.

**Change # and Guideline:**

9537 - 5010 837D  
9538 - 5010 837I  
9539 - 5010 837P  
9540 - 837X298  
9541 - 837X299  
9542 - 837X300  
9543 - 5010 270X279 and 5010 271X279  
9544 - 276X212 and 277X212  
9546 - 5010 834  
9547 - 5010 835  
9548 - 5010 278X217Q and 278X217R  
9549 - 5010 820  
9551 - 5010 834X307  
9558 - 5010-275X210  
9563 - 5010-278X215R and 5010-278X215I  
9564 - 5010-278X216N

**Originally contained in an earlier Guideline Release?** No

**Issue**

Checking is needed for spaces in International Postal Codes.

**Solution**

Business rules were updated to check for spaces in International Postal Codes.

**New errors**

(5010-278X215R and 5010-278X215I)  
48167 Zip codes are not to contain any special characters.  
(5010-278X216N)  
48513 Zip codes are not to contain any special characters.

**Change #:** 9562

**Guideline(s):** 5010-820X306.std, PDSA5010-820X306.std, 5010-HIX-820X306.std, and PDSA5010HIX-820X306.std

**Originally contained in an earlier Guideline Release?** No

**Issue**

The 5010-820X306, needs to have a new business rule added to the loop 2300 - REF - Exchange Report Document Control Number. A new code table called ReportType will need to be added to the code table list. A new business rule will be added to point to this new table for validation.

**Solution**

A new business rule was added to the loop 2300 - REF - Exchange Report Document Control Number to point to the new ReportType code list. A new code table called ReportType was added to the code table list. This change affects the following guidelines:

**New error**

46136 The Report Type (Loop 2300, REF02), #Current\_Element#, is not a valid Report Type code.

**Change #:** 9565

**Guideline(s):** 5010835

**Originally contained in an earlier Guideline Release?** No

**Issue**

The business rule generating error number 42615, is considered too restrictive. Reference X12 interpretation RFI 1324.

**Solution**

The business rule was removed.

**Retired error(s)**

42615 When the Claim Supplemental Information (Loop 2100, AMT01) equals I for Interest, an Adjustment Reason Code in the Provider Adjustment (PLB03, 05, 07, 09, 11, or 13) must be equal to L6 Interest Owed.

**Change # and Guideline(s):**

9566 - 5010 837P  
9567 - 5010 837I  
9568 - 5010 837D  
9570 - 5010X298  
9571 – 5010X299  
9572 - 5010X300

**Originally contained in an earlier Guideline Release?** No

**Issue**

Date checking should be removed for the CARC and RARC codes.

**Solution**

All date checking for CARC/RARC codes should be removed since these codes are only being "reported" based on information from the 835. Refer to the X12 interpretation RFI 1748:

"The deactivated code is usable in these derivative transactions because they are reporting on the valid usage (pre-deactivation) of the code in a previously generated 835 transaction."

**Solution**

Date checking for the CARC and RARC was removed.

**Retired error(s)****(5010 837P and 5010X298)**

41018 The Claim Adjustment Reason Code #FS\_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current\_Element#.

**(5010 837I)**

41518 The Claim Adjustment Reason Code (CAS02) #FS\_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current\_Element#.

41519 The Claim Adjustment Reason Code (CAS05) #FS\_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current\_Element#.

41520 The Claim Adjustment Reason Code (CAS08) #FS\_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current\_Element#.

41521 The Claim Adjustment Reason Code (CAS11) #FS\_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current\_Element#.

41522 The Claim Adjustment Reason Code (CAS14) #FS\_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current\_Element#.

41523 The Claim Adjustment Reason Code (CAS17) #FS\_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current\_Element#.

41530 The Claim Adjustment Reason Code #FS\_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current\_Element#.

41531 The Claim Adjustment Reason Code #FS\_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current\_Element#.

41532 The Claim Adjustment Reason Code #FS\_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current\_Element#.

41533 The Claim Adjustment Reason Code #FS\_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current\_Element#.

41534 The Claim Adjustment Reason Code #FS\_FindCodeValue#, was not valid on the Claim Check or

Remittance Date #Current\_Element#.

41535 The Claim Adjustment Reason Code #FS\_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current\_Element#.

41542 The Remark Code #Current\_Element# was not valid on Claim Statement Date of #SStatementDate2#.

41543 The Remark Code #Current\_Element# was not valid on Claim Statement Date of #PStatementDate2#.

41547 The Remark Code #Current\_Element# was not valid on Claim Statement Date of #SStatementDate2#.

41548 The Remark Code #Current\_Element# was not valid on Claim Statement Date of #PStatementDate2#.

**(5010 837D)**

42110 The Claim Adjustment Reason Code #FS\_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current\_Element#.

42111 The Claim Adjustment Reason Code #FS\_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current\_Element#.

42112 The Claim Adjustment Reason Code #FS\_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current\_Element#.

42113 The Claim Adjustment Reason Code #FS\_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current\_Element#.

42114 The Claim Adjustment Reason Code #FS\_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current\_Element#.

**(5010X299)**

47615 The Claim Adjustment Reason Code #FS\_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current\_Element#.

47616 The Claim Adjustment Reason Code #FS\_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current\_Element#.

47617 The Claim Adjustment Reason Code #FS\_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current\_Element#.

47618 The Claim Adjustment Reason Code #FS\_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current\_Element#.

47619 The Claim Adjustment Reason Code #FS\_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current\_Element#.

47620 The Claim Adjustment Reason Code #FS\_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current\_Element#.

47621 The Claim Adjustment Reason Code #FS\_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current\_Element#.

47622 The Claim Adjustment Reason Code #FS\_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current\_Element#.

47623 The Claim Adjustment Reason Code #FS\_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current\_Element#.

47624 The Claim Adjustment Reason Code #FS\_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current\_Element#.

47625 The Claim Adjustment Reason Code #FS\_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current\_Element#.

47626 The Claim Adjustment Reason Code #FS\_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current\_Element#.

**(5010X300)**

47864 The Claim Adjustment Reason Code #FS\_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current\_Element#.

47865 The Claim Adjustment Reason Code #FS\_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current\_Element#.

47866 The Claim Adjustment Reason Code #FS\_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current\_Element#.

47867 The Claim Adjustment Reason Code #FS\_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current\_Element#.

47868 The Claim Adjustment Reason Code #FS\_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current\_Element#.

47869 The Claim Adjustment Reason Code #FS\_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current\_Element#.

47870 The Service Line Adjustment Reason Code #FS\_FindCodeValue#, was not valid on the Service Line Check or Remittance Date #Current\_Element#.

47871 The Service Line Adjustment Reason Code #FS\_FindCodeValue#, was not valid on the Service Line Check or Remittance Date #Current\_Element#.

47872 The Service Line Adjustment Reason Code #FS\_FindCodeValue#, was not valid on the Service Line Check or Remittance Date #Current\_Element#.

47873 The Service Line Adjustment Reason Code #FS\_FindCodeValue#, was not valid on the Service Line Check or Remittance Date #Current\_Element#.

47874 The Service Line Adjustment Reason Code #FS\_FindCodeValue#, was not valid on the Service Line Check or Remittance Date #Current\_Element#.

47875 The Service Line Adjustment Reason Code #FS\_FindCodeValue#, was not valid on the Service Line Check or Remittance Date #Current\_Element#.

47794 The Remark Code #2320MOA03RemarkCode# was not valid on Claim Check or Remittance Date of #Current\_Element#.

47795 The Remark Code #2320MOA04RemarkCode# was not valid on Claim Check or Remittance Date of #Current\_Element#.

47796 The Remark Code #2320MOA05RemarkCode# was not valid on Claim Check or Remittance Date of #Current\_Element#.

47797 The Remark Code #2320MOA06RemarkCode# was not valid on Claim Check or Remittance Date of #Current\_Element#.

47798 The Remark Code #2320MOA07RemarkCode# was not valid on Claim Check or Remittance Date of #Current\_Element#.

**Change #:** 9569

**Guideline(s):** 5010-835

**Originally contained in an earlier Guideline Release?** No

**Issue:**

The business rule that is throwing error 42558 is considered too restrictive based on the X12 interpretation RFI 14047.

**Solution**

The business rule has been removed.

**Retired error(s)**

42558 The Other Claim Related ID Qualifier (Loop 2100, REF01) CE, is only required when there is a Contractual Obligation on the claim, (Loop 2100, CAS01=CO, or 2110, CAS01=CO), otherwise, do not send.

**Change #:** 9574

**Originally contained in an earlier Guideline Release?** No

**Guideline(s):** 5010-271

**Issue**

Edit 43807 not triggering reliably.

The local variable on the 2100C REF01 is capturing only the last qualifier of the up to 9 repeats of the segment.

**Resolution**

Rules were added to generat an error when any iteration (total 9) of the REF segment in the 2100C REF01 = "SY" and the EB04 = 12,13,14,15,16,41,42,43,47,CP.HN,MA,MB,MC,MH,MI or MP.

The same issue was found in the 2100B REF segment and the rule was modified to trigger for every iteration of the 2100B REF (Total 9) when the REF01=SY and the EB04 = 12,13,14,15,16,41,42,43,47,CP.HN,MA,MB,MC,MH,MI or MP.

**Related Error(s):**

43806 The Reference Identification Qualifier SY (2100B REF01) must not be used when the Insurance Type Code (2110C EB04) is 12, 13, 14, 16, 41, 42, and 43, CP, HN, MA, MB, MC, MH, MI or MP

43807 The Reference Identification Qualifier SY (2100C REF01) must not be used when the Insurance Type Code (2110C EB04) is 12, 13, 14, 16, 41, 42, and 43, CP, HN, MA, MB, MC, MH, MI or MP

## Error Message File Changes

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**Note:** If you are using your own profiles, please make sure you run HVUpdate.exe. This will ensure that your profiles are updated with all the latest error numbers and latest parameters. See **APF.pdf** for details. Some of these errors may apply to Instream Healthcare Edition only.

Beginning with Instream 8.3.0, error message additions and/or changes resulting from guideline updates are now noted with the Guideline Updates for the release.

## Other Installations and Miscellaneous

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### Separate Code Table Updates

The code table database is available for download separately from the product installation. When possible, TIBCO Foresight will make code table updates available between new versions of Instream. This will make code table updates available without upgrading Instream.

#### *To download code table updates*

Updates can be downloaded from the TIBCO Product Support file transfer server using your username and password for the TIBCO Support Web:

<http://mft.tibco.com/cfcc/login/login.jsp>

You can use FTP, SFTP (FTP or SFTP use requires an FTP/SFTP client or command-line FTP), or your web browser at <https://mft.tibco.com> (requires JAVA applet support in your browser).

Note: Code tables with version 7.3 and later require the actual Instream 7.3 or later program. You can check the Instream version and the code table version by executing the Version.bat file in Instream's Scripts directory.

### TIBCO Foresight® Studio

Foresight® Studio is a separate installation program with a separate Release Notes document. Please contact TIBCO Foresight Support for details.

### TIBCO Foresight® Transaction Insight® Customers

Transaction Insight® customers who update Instream need to run one of the scripts below to get their new error definitions into TI:

- TI\_ErrorUpdate\_For\_Instream\_8.5.0.0\_MSSQL.sql
- TI\_ErrorUpdate\_For\_Instream\_8.5.0.0\_ORACLE.sql

These scripts are available in Instream's Scripts directory (\Scripts\TI).

## Closed Issues

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### Instream Release 8.5.0

**Note:** Instream Release 8.5.0 includes changes originally contained in Release 8.4.0 Hotfix 1 through Hotfix 9.

Change Request ID	Summary	Originally contained in a Release 8.4.0 Hotfix?
FINS-478	Update to leading and trailing zeros in monetary fields.	No
FINS-572	Instream was updated to better handle unsupported formatting in the DTL file.	Hotfix 5
FINS-638	ValidateDateTimeX12 and ValidateDateTimeUN are missing the ability to have else clauses.	No
FINS-647	Response Generator provides new flag, -fno_ung, which can be used to turn off functional group (UNG) data in EDIFACT CONTRL responses.	Hotfix 1
FINS-651	Instream missing errors when Debugging is on.	No
FINS-653	You can now add or remove characters from the default character set for a transaction set using a new parameter in the APF (Validation Profile) file, Analyzer Options section. See New and Changed Features.	Hotfix 1
FINS-656	A new return code was added to Instream for TIBCO BusinessConnect™: 10654 Guideline error on [%s] when checking element relation. Index [%d] outside bounds of total elements.	Hotfix 1
FINS-658	Instream now accepts spaces in Stored Procedure SQL Statements. See New and Changed Features.	Hotfix 1
FINS-661	Response Generator change FINS-535, included in Instream Release 8.4.0, was intended to override values in the IK502. The fix has been removed, and pre-release 8.4.0 functionality has been restored.	Hotfix 1
FINS-662	Instream now generates a validation error when the "tab" character (hex character 0x09) appears at the end of segment.	Hotfix 1
FINS-664	(HL7 only) Instream now accommodates HL7's expectation that an ORC segment must appear before every OBR if OBR was used previously in the transaction.	Hotfix 2
FINS-665	Response Generator 277CA Amounts (STC04 and AMT02) issue resolved.	No
FINS-666	Fixed-length flat files now validate as expected.	Hotfix 1
FINS-669	The Instream Readme.txt file now lists RHEL 5.9 as a supported platform.	No



Change Request ID	Summary	Originally contained in a Release 8.4.0 Hotfix?
FINS-673	Response Generator Custom Report listing incorrect total errors when comparing against DTL.	No
FINS-675	The Instream License Files were updated in the install.	No
FINS-676	The Instream Readme.txt file was updated to list currently supported platforms.	No
FINS-692	278-X216 Notification guideline new TR3.	No
FINS-694	A memory leak discovered in the Instream API has been corrected.	Hotfix 2
FINS-695	Instream Trading Partner Automation has been updated with default Flat File values for various elements. Refer to <b>InstreamTPAutomation.pdf</b> for information on creating trading partner lookup (.csv) files to define custom default values.	Hotfix 3
FINS-699	Instream was updated to accommodate validation of the NCPDP Post Adjudication 4.2 guideline.	Hotfix 4
FINS-701	Response Generator will not create an accepted 824 for an 834 with 2700 loops.	No
FINS-704	Response Generator can't process files with invalid character Ctrl-Z (0x1A).	No
FINS-711	Invalid guideline in guideline-only build.	No
FINS-712	Response Generator now fails with an error if an 837 2100 CLP segment is missing.	No
FINS-713	Instream was updated to accommodate validation of the 5010-278X215I.std and 5010-278X215R.std, which do not have a standard nested HL structure.	Hotfix 4
FINS-721	The Instream AIX full install overwrites the fsdir.ini file.	No
FINS-722	Response Generator was updated to support the 5010-278X215.std and 5010-278X216.std.	Hotfix 4
FINS-723	Response Generator Custom Reports were enhanced for the 5010-278X215.std and 5010-278X216.std.	No
FINS-724	A Response Generator issue which caused TIBCO BusinessConnect® customers to encounter an intermittent Error 201 has been corrected.	Hotfix 4
FINS-725	An issue which caused DocSplitter to drop the last line of a processed HL7 document has been resolved	Hotfix 4
FINS-726	Instream error when EDI ends with two IEA segments.	No
FINS-727	Response Generator fails when ISA segment is missing.	No

Change Request ID	Summary	Originally contained in a Release 8.4.0 Hotfix?
FINS-729	Compare Numeric does not call DisplayErrorByNumber unless all parameters for DisplayErrorByNumber are filled out.	No
FINS-730	In instances where message 11214 contains UNA and the UNA05 is empty, Instream retains a space in the empty element to prevent a Response Generator crash.	Hotfix 4
FINS-731	Instream was updated to better handle cases when the data contains a value that matches the default repeat delimiter.	Hotfix 4
FINS-736	The DocSplitter user manual was updated with additional 5010 split point information. See <b>DocumentSplitterTechnicalManual.pdf</b> .	No
FINS-738	The DocSplitter user manual was updated with information about the 278X216N, 278X216A, 278X215I, and 278X215R guidelines. See <b>DocumentSplitterTechnicalManual.pdf</b> .	No
FINS-739	Instream was updated to better handle UTF-16BE encoded TEXT data.	Hotfix 4
FINS-740	DocSplitter splitting information at 2000D on the 278 is incorrect.	No
FINS-741	DocSplitter was enhanced to improve performance for splitting of large files.	Hotfix 4
FINS-742	HL7 standard does not allow the TAB Character.	No
FINS-744	Documentation was updated with information on new guidelines, including how to use them with partner automation.	No
FINS-747	Max element repeat count error due to data matching default repeat delimiter on AIX platform.	No
FINS-748 FINS-749	New guidelines added: 275-X314, 275-X316, 277-X313	No
FINS-751	ISIServer installation information was updated.	No
FINS-754	HDMA-4010856.std types 1&2 guideline was added for EDISIM users.	No
FINS-755	Instream documentation was updated to reflect the addition of HDMA-4010856.std (Types 1&2 guideline).	No
FINS-758	Docsplitter creates only valid files with results file containing a severity 3 error.	No
FINS-759	New parameters were added to Response Generator to allow greater control of the X12 segments ISA14 and GS05. See New and Changed Features.	Hotfix 5
FINS-762	An issue with the Business Rule "TrimWhitespace" has been corrected.	Hotfix 6

Change Request ID	Summary	Originally contained in a Release 8.4.0 Hotfix?
FINS-763	An issue with Instream creating temp file names has been corrected.	Hotfix 7
FINS-765	The 275-X211 guideline was removed from the Instream install.	No
FINS-768	A thread issue on Sun Solaris SPARC platforms has been resolved.	Hotfix 8
FINS-769	NCPDP_PAH42 and NCPDP_PAU42 incorrectly recognize '00000000' as valid date.	No
FINS-772	A more verbose Instream return code is needed when running Instream in TIBCO ActiveMatrix BusinessWorks™ Plug-in for HL7.	No
FINS-773	TPA Router is not routing TA1 Files.	No
FINS-776	HL7 callback error message appears to be incorrect.	No
FINS-777	An installer issue related to Instream permissions on Linux was corrected.	No
FINS-778	A validation error caused by invalid EDIFACT data was not reported by Instream, causing a problem with Translator. This has been corrected.	Hotfix 8
FINS-783	The DocSplitter user manual was updated to note that recalculation of BPR02 is for both 820s and 835s.	No
FINS-784	A note was added to <b>ResponseGeneratorTechnicalManual.pdf</b> , Appendix A: Return codes: "300- and 400-level return codes indicate serious or unusual Response Generator execution errors. If you receive a return code in this range, make note of the error number and contact TIBCO Foresight Technical Support."	No
FINS-786	The default EDIFACT release character was not applied during validation.	No
FINS-788	Remove TPAConfig.exe from the Instream install.	No
FINS-798	Installation of Instream 64-bit causes issues with custom build site for ISIServer.	No
FINS-799	CTX records appearing despite APF file being set to 0.	No
FINS-800	DocSplitter is not handling the splitting of the 278X216N transaction as expected.	No
FINS-801 FINS-804 FINS-805 FINS-808 FINS-809	Issues related to unexpected testing results have been resolved.	No

Change Request ID	Summary	Originally contained in a Release 8.4.0 Hotfix?
FINS-811	An issue occurring when Instream validates large ST elements containing special characters has been corrected.	Hotfix 9
FINS-812	A DocSplitter issue causing fatal errors has been resolved.	No

## Appendix A –Closed Issues for Previous Releases

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Closed Issues for Previous Releases are retained in this document for one year. These tables are for reference only and contain no new or updated information.

### Instream Release 8.4.0

**Note:** Instream Release 8.4.0 includes changes originally contained in Release 8.3.0 Hotfix 1, Hotfix 2, Hotfix 3, Hotfix 4, and Hotfix 5.

Change Request ID	Summary	Originally contained in a Release 8.3.0 Hotfix?
FINS-226	TPARouter now skips any TA1 found between an ISA and GS, thereby ensuring that it does not route data files with a TA1 in the envelope.	No
FINS-422	A Response Generator issue with UTF-16 encoding has been resolved.	No
FINS-478 FINS-519	New flag "X12RTypeStrict=0" was added to the default .APF file. This can be used to toggle on/off strict X12 processing of insignificant leading/trailing zeros. See <b>APF.pdf</b> for more information.	No
FINS-479	Response Generator was updated to better handle leading and trailing zeros in fields containing monetary amounts.	Hotfix 1
FINS-509	A Response Generator performance issue related to a Lock file used for generating Unique IC Control numbers has been corrected.	No
FINS-520	Response Generator Custom 835 report template variable %SvcProcCode% now populates as expected.	No
FINS-523	Response Generator now skips the IK4 if the element position is set to "0".	No
FINS-524	Response Generator Custom 837 report template variables for 2010BB Secondary Payer were added.	No
FINS-527	The following tables were added to <b>InstreamValidationTechnicalManual.pdf</b> , Appendix C: SVALU Record Structure IDs: -820 Premium Payments (PDSA5010820X218) -820 Premium Payments (PDSA5010820X306)	No
FINS-528	Settings for the Response Generator parameter PartialTransactionSetAcceptance824 were updated to accept only "true" or "false".	No

Change Request ID	Summary	Originally contained in a Release 8.3.0 Hotfix?
FINS-529	System requirements information for Instream 8.4.0 has been updated to specify minimum hardware requirements for both Windows and UNIX as CPU of 2.5 GHz processor or better, RAM of at least 4GB, and Disk Space of at least 20GB.	No
FINS-533	A problem with Instream validation of EDI with UTF-16 encoding has been resolved.	No
FINS-535	An issue causing the Response Generator Overrides file to not override values in the IK502 has been corrected.	No
FINS-538	When generating a 999 from data validated with guidelines 5010-HIX-820x306 and 5010-HIX-834x307, Response Generator populated the GS08 and ST03 with "005010" instead of "005010X231A1999". This issue has been corrected.	Hotfix 1
FINS-541	A new Options parameter for Docsplitter allows recalculation of the TS2 element values in the valid/ invalid output files to be turned on or off.	No
FINS-551	Validation engine changes were made to better handle supported Payment Initiation (PAIN) standards (e.g., pain.001.001.03).	No
FINS-552	Response Generator produced a 277CA with empty dollar values when the original EDI data contained a zero (0) dollar amount (e.g., CLM02=0). This issue has been corrected.	Hotfix 1
FINS-554	Validation engine changes were made to better handle Amadeus guidelines.	Hotfix 1
FINS-570	Instream was updated to better handle missing delimiters in source data.	Hotfix 1
FINS-571	<p><b>ResponseGeneratorTechnicalManual.pdf</b> was updated to state that TA104 can be generated only as A (Accept) or R (Reject/Suspend). It cannot be generated as E (Accepted with Errors).</p> <ul style="list-style-type: none"> <li>- Chapter 4 Enveloping Format &gt; TA1</li> <li>- Appendix E: Response Document Contents &gt; 997 Structure and Data Sources</li> </ul>	No
FINS-574	An issue causing Docsplitter to fail without creating valid or invalid files after encountering poorly structured has been corrected.	No
FINS-575	Instream now recognizes '?' as the EDIFACT default release character.	Hotfix 1
FINS-579	A Response Generator issue that occurred when generating a 277CA Custom Report has been corrected.	No
FINS-580	Validation rules needed to handle the new CAQH Core III requirements have been added.	Hotfix 3
FINS-581	Instream no longer ends processing when it encounters a hex value of 1A.	No

Change Request ID	Summary	Originally contained in a Release 8.3.0 Hotfix?
FINS-584	Instream was updated to better handle ISA Loops that do not contain an ISA1.	No
FINS-586	Response Generator Custom Report GS claim amount totals are now being cleared as expected.	No
FINS-589	Flat files with incorrect structures sometimes caused Instream to go into an infinite loop. This has been corrected.	Hotfix 1
FINS-594	Custom reporting variables for the 820-X218.std and 820-X306.std have been added to <b>ResponseGeneratorTechnicalManual.pdf</b> , Chapter 5, Custom Output.	No
FINS-595	An issue which caused Instream to include release characters erroneously as part of the element length count has been resolved.	Hotfix 2
FINS-596	An ISIServer thread issue has been resolved (Windows platforms only).	Hotfix 2
FINS-597	A validation issue which caused an error to be reported for a valid EDIFACT segment that included a release character has been corrected.	Hotfix 2
FINS-598	Instream's HL7 OBX structure has been updated to reflect that validation of the OBX05 depends on the contents of the OBX02.	Hotfix 3
FINS-600	<b>BusinessRules.pdf</b> , Business Rules Reference chapter, DBQuery section has been updated to make a distinction between the ReturnCode parameter, which returns a success/failure code for the database connection, and the <code>{var1=1 {var2=2 ...}}</code> parameter, which returns information about the database query.	No
FINS-601	When the "exceed max count" error occurs, Instream now produces an error for every line that exceeds the count. Previously, only the first line that exceeded the count produced an error. For example, if the max count is 100 and 105 lines are sent, lines 101 through 105 each produce an error.	No
FINS-602	Beginning with Instream Version 8.3.0 - Hotfix 3 installation instructions are included in the Hotfix Readme file.	Hotfix 3
FINS-603	Instream validation has been updated to produce an error when the ISA11 does not match the ISA16.	No
FINS-604	Novell has discontinued support of Novell SUSE Linux Enterprise Server 11.2. Therefore, the system requirements information for Instream 8.4.0 now specifies Novell SUSE Linux Enterprise Server 11.3 64-bit on x86-64 as the minimum requirement for the platform.	No
FINS-605	For AK9, TA1, IK3, IK4, and IK5 overrides, Response Generator now ignores any records that have less than 6 fields.	No

Change Request ID	Summary	Originally contained in a Release 8.3.0 Hotfix?
FINS-606	Response Generator now generates error code 018 for an IEA error. It had previously sent an invalid TA105 code.	No
FINS-607	Response Generator now allows multiple error codes for the 999 AK9. Previous functionality limited the number of error codes to one.	No
FINS-608	Response Generator Custom 837 report template variables 'otherpayercontrolnumber' and 'otherpayernamesecid' now populate as expected.	No
FINS-612	GS-level errors that should cause TA1 rejection were not being caught by Response Generator. This issue has been resolved. Added support for GS 10900 and 10911 errors.	No
FINS-623	Support for versions HL7 2.3, 2.3.1, 2.5.1, and 2.6 has been enhanced to include additional elements and composites.	No
FINS-624 FINS-629	Instream's Diagnostic Related Grouping (DRG) code table has been updated to include the most recent codes from the official HIPAA site. Please note this adds 3-digit codes with leading zeros such as 001, 004, 010, etc., which had not been included in the table previously.	No
FINS-626	CORE Phase III rules were deemed too restrictive and were revised to allow the user more flexibility in validation.	No
FINS-628	The Instream HL7 OBX structure has been updated to reflect that validation of the OBX05 depends on the contents of the OBX02.	Hotfix 4
FINS-630	Minimum length checks have been added for the following HL7 types: TX, SI, FT, TM, DTM, DT, ST, and NM.	Hotfix 4
FINS-631	5010-838P data that included the 2310B loop after the 2400 loop generated Error 11323 in Instream 8.1.0 but did not produce any error in Instream 8.3.0. This issue has been resolved.	No
FINS-632	A TA1 contained between the ISA and GS (for example, a 99x with a TA1) is now ignored by Response Generator.	Hotfix 5
FINS-633	Response Generator custom template variable %SvcProcCode% now populates for 835 custom reports.	Hotfix 5
FINS-639	Certain conditions caused Instream to go into a looping error when validating HL7 OBX. This was corrected.	No
FINS-644	Instream has been updated to better handle validation of EDIFACT elements that begin with a delimiter.	No



## Appendix B – No Future Guideline Changes Listing

Changes are no longer being incorporated into these guidelines:

Guideline type	Guideline
HIPAA Guideline 4010 Non-Addenda Types 1-7	4010270.std 4010271.std 4010276.std 4010277.std 41-278RP.std 41-278RQ.std 4010-820.std 4010834.std 4010-835.std 4010837D.std 4010837I.std 4010837P.std PDSA820.std (removed from Document Splitter) PDSX820.std (removed from Document Splitter) PDSA835.std (removed from Document Splitter) PDSX835.std (removed from Document Splitter) PDSA837D.std (removed from Document Splitter) PDSX837D.std (removed from Document Splitter) PDSA837I.std (removed from Document Splitter) PDSX837I.std (removed from Document Splitter) PDSX837P.std (removed from Document Splitter) PDSX837P.std (removed from Document Splitter)
HIPAA Guideline 4010 Addenda Types 1-7	B41A270 B41A271 B41A276 B41A277 41A278RQ 41A278RP B41A820 B41A834 B41A835 B41A837P (*CCI) B41A837D B41A837I

Guideline type	Guideline
HIPAA GuidelinePlus 4010 Types 1-7 (PDSA)/ Types 1-2 (PDSX)	PDSA270/PDSX270 PDSA271/PDSX271 PDSA276/PDSX276 PDSA277/PDSX277 PDSX277U PDA278RQ/PDX278RQ PDA278RP/PDX278RP PDSA820/PDSX820 PDSA834/PDSX834 PDSA835/PDSX835 PDSA837P (*CCI)/PDSX837P PDSA837D/PDSX837D PDSA837I/PDSX837I PDSA997 4010-997
HIPAA 4050 Addenda Types 1-7	4050-275 4050-277
HIPAA Guidelines 5010 Pre- Errata (pre-June 2010) Types 1-7 NOTE: Until April 1, 2011, fixes required in the base guideline, and NOT due to a June 2010 Errata change, were updated. After April 1, 2011, no further maintenance of these guidelines will be done.	5010-835-A0.std 5010837DA1.std 5010837IA1.STD 5010837PA0.STD 5010-MEDICAREA-A1.STD 5010-MEDICAREB-A0.STD PDSA5010835-A0.STD PDSA5010837D-A1.STD PDSA5010837I-A1.STD PDSA5010837P-A0.STD PDSA5010MEDICAREA-A1.STD PDSA5010MEDICAREB-A0.STD